ABSTRACT
OF
Clinical Lectures
ON
SURGERY.

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LECTURE IV.

ON FOUR CASES OF DISEASE OF THE KNEE-JOINT.

(*Continued.*)

GENTLEMEN,—You will not have forgotten that, at our last meeting, we were discussing the question of disease at the knee-joint as exemplified by certain cases which were at the time in the wards, and which most of you had seen submitted to amputation for the relief of that disease. To-day I purpose taking the same examples and continuing the subject, though my remarks will be, as I promised in my last lecture, of a more general nature, and will apply to the entire class of cases which involve the joint, whether primarily, by attacking its synovial membrane, or secondarily, by damaging contiguous structures.

In the four cases you will notice that the duration of the disease was in three out of the four a lengthy one—in No. 2 two years, in No. 4 fifteen years, and in No. 3 six months. In the first case only was it of very recent origin—viz., a month before his first appearance at the hospital. On this point our patients only confirm the general rule of history in all such cases—viz., that disease which necessitates the sacrifice of a leg is not that which comes under the notice of the surgeon immediately on its commencement, but rather that which is insidious in its onset and neglected in its treatment.

Many of you who are only here for a time, or who perhaps only see the patient just as you have seen these, when about to undergo the operation, fail to work out the problem of disease from the first beginnings to its end, and you do not realise other than the facts which come under your immediate notice. The patient may *tell* you that he has been ill for a certain number of months or years, that the joint has been injured by a strain or blow, or that the disease has come on quietly, as here, without any such exciting cause; but these facts, being matters of history only, do not stand out prominently as features of the disease. You look upon them more as interesting adjuncts. But is this a correct view? Does the history of a case add no more than interest to it? Does it not, or rather ought it not to picture forth the disease itself, each item in the one being expressed in the other? The two, it is evident, must be *exactly* correlated, could the patient, on the one hand, go with sufficient detail into previous facts, or we, on the other hand, minutely into the pathology of the case.

Stating things roughly, most of the instances of knee-joint disease have a history such as this. Inflammatory mischief is first set up in the joint, or in the neighbouring articular ends of the bones; in other words, there is either ostitis or synovitis. If there is much pain, the patient may now lie up and rest the limb for a while, when it will probably get a little better. If pain is absent or slight, he walks about on the diseased member, and makes matters worse. In any case time is not allowed for complete repair; and so, though with occasional efforts at a restoration of the normal state, pathology will (so to speak) register the periods of rest, still the course of the disease is, on the whole, a progressive one for the worse. By-and-by the joint is so much damaged that work is no longer possible, and then comes the application for admission to a hospital. Prolonged rest is now enforced. Effusions, thickenings, heat, redness, &c., all probably disappear or become much less, and the joint assumes a respectable shape; but all this takes three, four, or six months, and by this time the patient is tired, and thinks he is well, or he goes out to make room for a similar or worse case. He sets off with a splint on to keep the knee quiet; but soon finding this inconvenient he leaves it off, and begins to do hard work with the unprotected and much damaged joint. All the old symptoms very quickly reappear, and in a few months he is back again at the hospital, and is patched up again, but only to relapse for the third and fourth or more times whenever he goes to work. In this way the case will generally last four or five years, and ultimately he will come under notice with fluid in the joint, with a thickened, gelatinous synovial membrane, with erosion of the cartilages and absorption of the bone beneath them, or perhaps with extensive disease of the bone, and only early joint disorganisation. By this time also his whole system will be shattered too; and if it so happens that he was not seen at the commencement of the disease, before it had told on his general health, it will be written down in the report (in defiance of the patient's own statement oftentimes that he was well and hearty some years ago) that he is "of a strumous disposition," or that "he is a scrofulous-looking man." The facts on this point in the cases before us are, that one is described as pasty and unhealthy-looking, with enlarged glands in the neck and groin, and with a history of blood expectoration; a second is phthisical-looking, and has also spat blood; a third has old cicatrices in his neck; and only in the fourth are the external appearances of favourable import. I admit that such observations may be used with perhaps equal force to indicate constitutional taint; nevertheless I have no hesitation in saying that in nine cases out of ten I do not believe in hereditary conditions, such as struma or scrofula, as a cause of joint or bone disease; indeed I think it is altogether the other way—viz., that these patients are originally healthy as they say they were, and that the pain, anxiety, inability to work for or to take food, and want of proper exercise, one or all of these so pull them down that the general or constitutional manifestations are the result of the local trouble. So in these cases, in the same way, glandular enlargement and hæmoptysis I believe to have been the consequences of a long-continued joint disease.

In Case 4, the section of the joint shows beautifully the progress of the mischief. The cartilages and synovial membrane are gone, indicating the original disease, the bones have then become united by a pulpy, semi-fibrous material which may represent an attempt at repair by false anchylosis; but, as I have already pointed out to you, this effort on the side of normal processes to put the parts in a healthy condition is at best a feeble one, and quite unable to withstand the much more powerful influence of inflammatory action set up by a violent blow, such as a fall on a hard surface. The period of active mischief dates, you may remember, from such an injury to the already weakened part, and probably the disease with atrophy of the bone which you see is the pathological registration of the circumstance. Further, it may be impressed upon you again that possibly slight causes produced exaggerated results from the altered state of the tissues. Next you will observe that in some of the reports it is noted that the limb is wasted; this implies one of two things, either absorption of the fat or atrophy of the muscle. The former may occur as part of a general emaciation and be rapidly produced, but not so the latter. Muscular atrophy shows that the joint has not been used for a long time. Ordinary uncomplicated synovitis will go on for years without much wasting—that is to say, synovitis in repeated attacks; but it is only when serious disease of the bone or cartilage exists that muscular degeneration is markedly present.

I beg you to remember this as one of the symptoms which will have some weight with you in modifying your treatment; at a first glance at your patient you may know that, with such wasting of the muscles, that case is much more likely eventually to require operative measures than one without this symptom. Another point of importance is that two of the four cases had a bent position of limb, while the other two had a straight one. The difference entirely depends upon the previous treatment they had undergone. You know quite well that the retention of the limb in a straight posture is much more favourable for after treatment than the other; that it is, indeed, the only reasonable mode of practice, and you must invariably endeavour to carry it out. No matter what the disease, or what its

stage, or what the constitution or wishes of your patient, at all hazards you must put the limb in an extended position, or try to do so. If the disease has advanced too far you will not be able to effect this, and in such instances the position of the limb alone will often determine you on operating at once, without waiting to see what repair may do.

All cases of joint, as, indeed, of most other disease, are seen in their earlier phases in private practice, while only the more advanced cases are ordinarily found in the hospital wards; and as most of you are to take your part in general practice, remember that the early stage of knee-joint disease is the one in which care must be exercised to keep the limb straight. It is straight in the first place, and all you have to do is to keep it so. You well know that the flexors of the leg are more powerful than the extensors, and directly the joint is not used the more forcible tractors bend the joint. Exactly the same thing takes place in the arm, and this we see daily when the hand is closed in death. Remember these facts at the bedside, and in early joint disease base your treatment on them. I am sorry to have to say it, but it is a truth, that the greater number of bent knees are due in the first instance to the surgeon being too lazy, or perhaps too regardful of the wishes of his patient, to put on a back splint. He does not wish to make a fuss of what is considered a slight thing, or he is told that the bent position is more comfortable; and so the slightly flexed posture becomes gradually more bent, and permanently so; anchylosis, either fibrous or osseous, may take place, and what might otherwise have been made a useful limb has to be amputated or excised at the risk of life. Do not therefore pay any attention to the wishes of your patients on this subject; it is a delusion to think that the extended position of the leg is more painful, it is generally much less so than the flexed condition; it is more irksome no doubt just at first, but they soon get used to that, and very shortly see that, even in bed, they have much more freedom of motion than if huddled up without a splint and with pain at the least shake. I must, however, caution you that there is often a popular prejudice against straight splints, especially in uncomplicated cases of synovitis. Patients will say to you, "Ah, Sir, my leg has never been well since you put it up in them splinters; it has always been stiff." This, however, must not influence you in the matter of duty, which must here, as elsewhere, be performed quite regardless of what others say or think.

In two of the four cases in the description of the appearance of the joint you will find that attention is drawn to the prominence over the inner condyle of the femur on the inner side, and over the outer part of the head of the tibia on the outer side. It was supposed, however, that a similar deformity in the two (Nos. 1 and 4) was brought about by different existing conditions. In Case 1 you remember we were under the impression that we had to deal with a new growth in the head of the tibia, while in Case 4 the deformity was properly recognised as being due to displacement of the tibia from the femur, consequent on joint disease. Now that we have inspected the parts in both, we see that the diseased conditions were not dissimilar, but that a joint affection was present in either case. By comparing the two, it becomes possible also to solve the reason of our being led into error in the one case and not in the other, and I am afforded the opportunity of teaching you a most valuable lesson.

In Case 1 the deformity was so extreme that it at once suggested some new formation, and we, as it were, at once started with a somewhat biased mind in favour of a particular view. Other points in the case chimed in with the diagnosis, such as the age of the patient and the brief duration of the disease, and strengthened the opinion that had been formed. Looked at, however, by the after-light now thrown upon it, I must tell you that such facts should not have been allowed to distract attention from a much less dubious symptom as telling against our diagnosis, and that was the rotation of the foot. In Case 4 the distortion was not extreme, and the turning of the toes outwards was duly recognised and valued, and no difficulty was experienced in coming to a correct opinion.

You will, however, remember that it is quite possible for a new growth to exist, and also to produce some dislocation by a secondary invasion of the joint. It follows from this that no one symptom should ever be picked out from its surroundings, and the others made to agree with it; each must be properly weighed and estimated on its own ground, and not till this has been done may the probabilities of the case be summed up by a general review of all. This is the lesson which I wished to teach.

To proceed: in two of the four cases an observation is recorded to this effect, that "the patella is movable"; and with reference to this point it is worth while adding that the freedom of this bone does not necessitate early or trifling disease, as you must have seen in the limbs removed. If, however, the patella is *fixed* when all muscular action is done away with (mark well the qualifying clause), then there is beyond doubt advanced disease of the joint, with destruction of its cartilage.

We next come to the all-important question as to the reasons which induced me to operate in these cases, rather than to wait for nature's efforts under the influence of rest and generous diet. I have already touched upon it briefly in considering the individual cases, but it will not be amiss to impress my motives once again upon your notice in a rather more direct way.

Taking the cases together, three symptoms decided the question, though in Case 4 the first of these was absent. They were—first, the unhealthy aspect of the patient; secondly, the inability to move the joint; thirdly, the acute pain suffered in each instance. In the case of Thomas F—— this last symptom was so severe that the sister of the ward said to me before the operation, "Your patient has suffered most extraordinary pain both night and day; he will be so thankful to get rid of his leg." Indeed, this pain induced me, almost within an hour of his admission, to say that he must have something done.

With Case 4 the pain was also most extreme, and on this account she came into the hospital to have the leg off. But I must confess that such was her comely look and well-conditioned state, and her freedom from all appearance of anxiety, that I felt inclined rather to doubt her statements; I could not believe that she was suffering so severely as to justify an operation, without some attempt at reparation by nature's efforts and rest. From the sister's report, however, it seems I ought not to have doubted her, for she absolutely hardly ever obtained more than a few minutes' sleep at one time, and the section of the joint shows quite enough disease of bone to account for more than she admitted. Pain is a most difficult thing to estimate as to the amount in different individuals; indeed, no comparison can be drawn between two or more cases. One man will die from pain which would exert but little injurious influence on another of less sensitive nervous organisation. Each case must therefore be judged on its own merits, always remembering the fact that a placid countenance may not invariably mean a freedom from anxiety and suffering. The structure which is the cause of severe pain when disease attacks a joint or its neighbourhood is the thin layer of bone immediately next to the cartilage. Inflammation of the synovial membrane will give some pain, but it will not often be extreme. The articular cartilage, being destitute of vessels and nerves, can give no pain, though it used to be taught to the contrary. It is only the thin layer of bone, as I say, next to the cartilage on which the latter is placed, and from which it receives its nourishment, which in joint disease produces pain.

Having decided on an operation in each case, why did I then prefer amputation to excision? is the next point which comes before us. In Case 1, premising that the disease was a new growth, the idea of excision was of course never entertained; and had it been, the pain and enlargement of the joint would have necessitated amputation, and seeing that the man had heart disease and old phthisis as well, I should not have felt justified in proposing anything but that operation.

In Case 2 I had no choice; the man himself became his own adviser and repudiated the idea of excision; he said "I'll have it off." I have not yet found out the reason of his decision, but I remember that at the time he was in the hospital before, a boy was in the same ward who had had excision performed, and who subsequently had his leg amputated. A boy himself at the time, the sight of his comrade's suffering had doubtless led him to think that his might be a similar fate, and to avoid any such risk he would have it off at once. I did not wish to press the point, because of the enlargement of his glands and the feebleness

of his reparative powers; I felt that, whatever the chances might be for him if amputation were performed, the alternative operation would certainly ensure him a more prolonged convalescence, and that very likely he might eventually lose his leg. The appearances pointed out to you remove all doubt as to the wisdom of my choice. In Case 3 the disease of the soft parts was too extensive to admit of excision affording much prospect of success; moreover, his general health was also against it. In Case 4 I wished to excise the joint; however, the patient and her husband between them took a very decided view of the case, and would allow nothing but amputation, and I am only thankful that she did not accede to my request, for there is no doubt that had I commenced the operation I should have had to abandon it.

Mind you, with the same amount of disease in the elbow-joint, I should still have performed excision, and my reasons you have heard in a former lecture.

In conclusion, one or two points in the operation call for notice. You will have observed that, except in one instance, where disease of the soft parts prevented its application, two lateral skin-flaps were made in amputating, and then a circular section of the muscles to the bone. My colleague, Mr. Poland, as you saw the other day, performs the ordinary flap operation. It is impossible, and indeed unnecessary, to institute any comparison between the two; either procedure would have been equally suitable, as far as the mere amputation was concerned, in all my cases. I prefer, however, my way because we practise torsion here; and I believe on this plan the twisting of the vessels is rendered much more easy of accomplishment. In muscle-flaps the vessels are *slit* often for some little way along their channel, and so torsion becomes a little difficult in its application. Remember this in practice; for no student leaving Guy's Hospital will, I apprehend, ever use, except, may be, in very exceptional instances, any other method of arresting hæmorrhage than this. I sometimes fear, indeed, that some of you may not know how to apply a ligature to an artery on the living subject.

But I have other objections to the flap operation as usually performed; and one of these you saw during the last amputation. I had to cut out a piece of the sciatic nerve from the flap. This is a proceeding first, I think, suggested by Mr. Hilton; and it is done with the idea of obviating any liability to what is called "irritable or painful stump." All nerves, when they are cut across and the divided ends separated, become what is styled bulbous—that is to say, new tissue is thrown out in and around their sheaths from inflammatory action; therefore, in this respect, the circular and high division of the muscles would be no better than the other. But in the ordinary amputation, unless the nerve be cut across a second time, and dissected out of the flap—a method which I rather object to,—the bulbous ends become involved either in cicatricial tissue, and thus are pressed upon and made painful, or they are bound down at the extreme end of the stump, and become liable to pressure from various causes. A circular division of the muscles at the bottom of the wound allows the nerves to become swollen out of harm's way; and therefore they produce then no symptom.

We have been remarkably free from such after ill-effects as irritable stumps in this hospital, and I attribute it entirely to the cutting away of the nerve or making a high section of it. When, on the contrary, this is not looked to, perhaps in a few weeks, or it may be months or years, according as the scar-tissue contracts rapidly or the reverse, or pressure is brought to bear upon the stump soon or late, the patient will return to you complaining of agonising pain, and with tonic contraction of the muscles of the limb as its result, and oftentimes with some indolent ulceration about the cicatrix. The only treatment then available will be to submit the sufferer to another operation, opening up the stump and dissecting out the offending nerves.

In all these cases torsion was used, and in one of them—the first case in four years—some bleeding occurred a few hours after the operation; possibly this may have come from a twisted vessel, but I do not think so, and for the following reason. We have been using lately a fine spray of carbolic-acid lotion directed over the stump during the twisting of the vessels, and I have frequently noticed, and my dressers with me, that the backs of our hands, over which the spray plays in common with the flaps, have been quite benumbed at the termination of the operation; and if this be so with regard to parts covered with skin, much more so, I apprehend, will it be the case when the spray is brought into contact with the exposed muscle and vessels. It thus becomes easy to see that very probably some small vessels contracted at the time of the operation and ceased to bleed; but when the parts became warm again, and the muscular fibre relaxed, then blood could flow a second time from their open ends by simply pushing away by the force of its current any slight clot that might have formed during the period of closure. If you accept this explanation of the bleeding in this case, you will be ready to admit that any like instance with it must not be used as a fact against torsion by the supporters of any other custom. If the hæmorrhage occurs as the result of overlooking a vessel, it is quite certain that, surrounding conditions, such as cold or spray, being the same, the oversight would be just as likely to occur with one method as another. You must separate in your minds an occurrence like this, which is only a return of bleeding from temporarily closed vessels, within a few hours of, and the immediate consequence of the operation, from cases of true *secondary* hæmorrhage, such as occur after ligature at the time of its separation, or possibly shortly before. An instance such as this has not occurred to me once during the time that I have practised torsion, now some four years and more.

In one or two of our cases we had a little difficulty in arresting the bleeding at the time of the operation by its means; but this is a matter depending partly on the number of vessels discharging blood, and partly on the general health of the patient. With respect to the former element, in Case 4 it so happened that only one vessel required twisting, that one being the femoral; and a like absence of small vessels in the flaps has occurred to me once before. On the other hand, if the powers of the patient be feeble, there is often a trouble arising more from a general oozing from the whole surface than from any definite point that can be seized and closed.

Mr. Lister has discarded torsion, and now uses gut ligatures carbolised, which are cut off short and left in the wound. It is supposed that by some means they become absorbed, or possibly even revitalised by blending with the lymph and new tissue which unite the flaps. I must confess, however, that I do not feel inclined to abandon torsion; for a method that can be applied for four years to all cases of hæmorrhage from wounds that have come under notice indiscriminately, which is quite free from any necessity of selection of fit and proper cases in order to ensure its success, and which, moreover, has never to my knowledge during that period been followed by *secondary* bleeding, requires no advocacy by word of mouth. The fact need only be stated to demand its trial by those who have not yet attempted it, and to ensure a continuance of the method by those who have commenced its use.

You will have noticed that I now perform all amputations under the antiseptic method with carbolic acid and all its paraphernalia. Last year I had eleven amputations of the thigh—all done without any such precautions; now all are performed with them. I hope by this means to arrive in a year or two at some definite conclusion on the subject, and to form some rule for future practice. Possibly, if hæmorrhage again takes place soon after the operation, we may have to abandon the spray for some other means of disinfecting the surrounding atmosphere.

ANTHROPOLOGICAL INSTITUTE. — At the ordinary meeting held on the 18th inst., Sir Duncan Gibb, Bart., M.D., read a paper "On the Physical Condition of Centenarians." His remarks were founded upon an examination of six genuine examples, in whom he found the organs of circulation and respiration in a condition more approaching to the prime of life than old age. There was an absence of all those changes usually observed in persons reaching seventy years; and in nearly all the special senses were unimpaired, the intelligence perfect, thus showing at any rate the complete integrity of the nervous system. The author's views were opposed to those held regarding the extreme longevity of centenarians. In the discussion which followed Mr. E. Walford pointed out that the statistics of tontine associations placed the fact of centenarianism, which the late Sir G. C. Lewis had disputed, beyond the possibility of doubt.

ABSTRACT
OF THE
Lumleian Lectures
ON
DISEASES OF THE MUSCULAR WALLS OF THE HEART.

Delivered at the Royal College of Physicians, March, 1872.

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LECTURE II.

THE *local* effects of enlargement of the heart are sufficiently familiar. In considering its *systemic* effects it is well to bear in mind the three varieties of hypertrophy described in the previous lecture. In *simple muscular* hypertrophy, developed to overcome an obstacle, so long as the power is merely spent in overcoming the resistance, and is sufficient for that purpose, all goes well. But in some cases it is expended in other and in injurious directions. In distal obstruction, for instance, the intervening vessels are exposed to all the increased pressure from the powerfully acting ventricle, and various congestions result, controllable to some but only a limited extent by the vaso-motor nerves: if the vessels be sound, transudation may occur, as in dropsy; if rotten, they may give way, as seen in many cases of cerebral hæmorrhage. Moreover, in the heart itself the increased power may be misdirected. In mitral regurgitation, the ventricular hypertrophy, unless counteracted by that in the auricle, may tend to increase the mischief in the lungs. In *connective-tissue* hypertrophy the freedom of contraction of the fibres is restrained by the surrounding new tissue, and such a heart is dynamically weak. It would seem, so far as present observation goes, less likely to dilate than the simply degenerated heart. In the *fatty* hypertrophy there is a languid and feeble circulation, a sense of uneasiness and oppression at the chest, and embarrassed breathing, especially on an effort.

Dilatation of the heart, if confined to the left ventricle, causes passive congestion with all its results. When the right side is affected these are conspicuously seen in the systemic circulation. Interference with the functions of nearly all the organs of the body and general dropsy result. Usually these conditions exist in conjunction—dilatation with some degree or form of hypertrophy; and the clinical physician has to unravel as best he can the tangled web before him.

Certain special effects of enlargement of the heart deserve attention. Its connexion with cerebral hæmorrhage has been a source of much difference of opinion among pathologists; some asserting, others denying, a causative relation. Dr. Burrows has shown a very close connexion between apoplexy and disease of the heart, having ascertained their coexistence in three-fifths of the cases he investigated. Sir Thomas Watson doubts the influence of hypertrophy of the left ventricle in causing cerebral hæmorrhage; while Eulenberg believes that it has such an influence only when it is dependent on peripheral disturbance of the circulation. In 65 autopsies in death by apoplexy, the accounts of which the lecturer has collected, the heart was increased in size without disease in 31, increased in size with valve disease in 12, and in 22 it was normal in size. Of the 31 cases without valve disease, the cerebral vessels were diseased in 17, and only in 4 of the 12 cases with valve disease. In the 22 in which the heart was normal, the vessels were diseased in 14. Moreover, examining the particular chambers affected, we find that in the 31 cases without valve disease the left ventricle was hypertrophied 29 times; in the 12 cases with valve disease it was hypertrophied 10 times. Out of the 65 cases the left ventricle was hypertrophied in all 39 times. In the whole number of cases the kidneys were granular and contracted in 26, in 21 of which the left ventricle was hypertrophied. Hence we may conclude that in a given number of cases of apoplexy the enlarged heart is more frequently present than diseased cerebral vessels, nearly in the proportion of 4 to 3. Further, that in a given number of cases of apoplexy in which the heart is enlarged the cerebral vessels are found as frequently healthy as diseased. Thirdly, that apoplexy is more frequently found with hypertrophy of the heart without than with valve disease in the proportion of 5 to 3. Lastly, that when the heart is enlarged, and the vessels of the brain diseased, cerebral apoplexy is found more frequently without than with valve disease in the proportion of 3 to 2.

The relation of heart disease to phthisis.—First, as regards the size of the heart. In examining the records of 171 cases, it was enlarged in 25·66 per cent. of the male cases, in only 7·0 per cent. of the female. In the males it was small in 53 per cent.; in females it was small in 67 per cent. In males it was normal in 21 per cent.; in females in 26 per cent. Some very small hearts were met with; in a girl, aged eight, the heart weighed only 2 oz.; in another, aged fourteen, only 1 oz. 14 drs. A second point was the duration of life in cases where the heart was hypertrophied. In 215 cases of phthisis used as a standard of comparison, in which no heart disease existed, 41·4 per cent. died under one year, 26 per cent. under two years, 19·5 per cent. under four years; 13 per cent. lived over four years. In 77 cases in which the heart was hypertrophied and dilated, 26 per cent. died under one year, 50·6 per cent. under two years, 6·5 under four years; 16·8 lived over four years. Thus we see that hypertrophy of the heart tends to prolong life in phthisis, and the result is most marked in the first and third years. A third point was the relation of heart disease to hæmoptysis. In 80 cases in which the heart was hypertrophied (in 30 of which valve disease also existed), hæmoptysis occurred in 47 cases, or in 57·3 per cent. In 1381 cases of phthisis without heart disease, hæmoptysis occurred in 1870, or in 63 per cent. Thus hypertrophy appears to have no influence in promoting hæmoptysis.

The relation of heart disease to renal disease.—In 785 cases of heart disease, collected by Dr. Chambers, there was renal disease in 34 per cent. Hence a person with heart disease would be half as likely to have Bright's disease as not. Traube asserts that the renal congestion rarely ends in true Bright's disease, but the lecturer adheres to the opinion which he expressed twenty years ago—that the organic alterations very commonly result, both tubular and intertubular.

Diagnosis of the nature of the cardiac enlargement.—The characters of the simple muscular hypertrophy are well known. Those of the second variety, the connective-tissue hypertrophy, are a strong heaving impulse, with a dull and obscure first sound. The signs are those of increased strength, but the increased strength is spent in great measure in overcoming the restricting action of the fibrous tissue which surrounds the muscular fibres. Hence there is evidence of circulatory weakness in the system generally. Such symptoms were present in the case of Dr. Hyde Salter's, before alluded to. The fatty hypertrophy may be distinguished from that with which it is most likely to be confounded, as Dr. Shapter has pointed out, by the sharpness of the sounds, and by the general state of the patient.

Dilatation, the other great factor in producing cardiac enlargement, is evidenced by a peculiar square shape of the cardiac dulness, and short, clear, and sharp cardiac sounds, accompanied, when the auriculo-ventricular openings have become dilated, with a systolic murmur, in the absence of any valve disease. By the presence, therefore, of concomitant dilatation, healthy muscular hypertrophy becomes considerably modified. But it is especially with degenerated hypertrophy that dilatation is combined. Hence the signs of the two conditions, dilatation and weakness have come to be confounded, and the local phenomena of each, as well as their general effects, really due to the presence of an increased amount of connective tissue, or of fat, or of degeneration in the walls of the heart, have been attributed to the existence of dilatation alone. Hence the paramount importance of determining the textural state of the cardiac walls. In doing this the sphygmograph and cardiograph both render assistance; the former, as Dr. Sanderson has shown, by indicating the arterial tension and the efficiency of the heart to do its work, while the latter indicates with great accuracy the duration of the systolic effort in the manner described by Mr. Garrod.

The treatment of enlargement of the heart has been much ruled—as so many other things in life, and it may even be said in death, have been—by fashion. In the time of Valsalva and Albertini enlarged hearts were treated by systems so depleting and lowering that it was a question whether atrophy was not a frequent result of the treatment for hypertrophy. Now stimulants and tonics are the favourite remedies. It is under such circumstances that we hear of the "uncertainty of remedies," of want of faith in physic, or of the still more hopeless doctrine that there are few or no diseases that can be cured. The word "cure" is a relative term. If it is intended to mean that an organ or texture destroyed by disease can be restored to its former condition, the list of incurable diseases may, it is true, be made a long one. But if, on the other hand, it is meant that the progress of an organic disease can in many instances be arrested, and the patient's health so far restored that the disease ceases to inconvenience him, then the list of curable diseases is each day becoming lengthened. Are phthisis and heart disease the incurable diseases they were once? Formerly they were not recognised till they had assumed an almost certainly fatal character. Now, detected and treated in an early stage, scores of cases do well, whether we owe the result to nature or not. If our knowledge were greater, both of the nature of pathological processes and of the action of medicines, our faith in physic would be stronger, because better founded. For example, if either the lowering or tonic treatment be applied indiscriminately to each of the three forms of cardiac hypertrophy, the ambiguous results need not surprise us. We may anticipate, as we understand them better, and learn the action of medicines upon them, that our results will be far more satisfactory.

In simple muscular hypertrophy, the physician has to discover its causes, and remove them as far as he can, and secure to the labouring organ all possible conditions of repose. We must try to subdue abnormally excited action, and, on the other hand, prevent the decay and degeneration which so often follow in the course of excessive development. In the action of drugs which have an influence in reducing the force of the heart—as aconite—lies a very promising field of investigation. In connective-tissue hypertrophy, if we could diagnose it in its early stage, remedies likely to subdue the inflammatory state in which it takes its origin might have a beneficial influence. In the third form—fatty hypertrophy—our treatment must be such as is calculated generally to prevent the formation of fat. In dilatation and dilated hypertrophy, the different conditions that are present demand corresponding measures for their relief. The dilating pressure would evidently be most immediately relieved by withdrawal of some of the blood, and this sometimes in urgent cases is very beneficial; but more frequently we attain the end by indirect measures—by purgatives and stimulation of the excretory organs, which, at the same time, diminish its volume and purify the blood. The next object must be to secure, if possible, compensatory hypertrophy by improving the nutrition generally, and especially by influencing the nutrition of the contractile substance of the heart. Two drugs especially have great power for this purpose, iron and digitalis. To prescribe the former before local congestions have been cleared away is worse than useless; but after the blood stasis has been relieved, steel is well borne, and its effects are most valuable. The influence of digitalis has been most ably studied by many investigators, and especially of late by Drs. Brunton and Fothergill. There seems to be no doubt that it is a stimulant to the nervous ganglia of the heart, and neither a sedative to those nor a paralyser of the vagus, as was once believed. Its administration is at once followed by better and more complete ventricular contraction. Dilatation is lessened, and with it all the local disturbances. The heart is enabled to supply all the organs with their due amount of blood, and there is a general restoration of healthy nutrition. The treatment, however, must be always secondary to the application of the eliminating agencies.

AT the annual meeting of the subscribers to the Melbourne Hospital, held on January 31st, Sir James McCulloch stated that there had been a great falling off in subscriptions for the past year. As compared with the year 1867 there was a deficiency of £2500.

ALCOHOLIC PARESIS AND PARAPLEGIA.

BY J. LOCKHART CLARKE, M.D., F.R.S.

THE habitual and excessive indulgence in the use of alcoholic drinks is so frequently followed by partial or complete paralysis of the lower extremities, that no doubt can be entertained that alcohol and paraplegia do often stand to each other in the relation of cause and effect. Many striking cases that have come under my own care support this inference in a very convincing way, so that I think Drs. Handfield Jones and Wilks have done good service in bringing the subject prominently before the profession.

On examining the bodies of persons who have died either in a state of intoxication or during a course of excessive indulgence in the use of alcohol, particularly in its undiluted state, almost every organ and tissue is found to be more or less altered in appearance. The mucous membrane of the pharynx, œsophagus, stomach, small intestines, and bronchial tubes is red and injected. The liver and kidneys, the substance and membranes of the brain and spinal cord, are in a variable state of congestion. In chronic cases of alcoholism we find more or less atrophy of the cerebral convolutions, and effusion of fluid on their surfaces, with thickening and adhesions of the membranes.

On examining such persons during life, we find a train of symptoms that are quite in accordance with these post-mortem appearances. The mucous membrane of the fauces is unusually red and injected; a viscid, tenacious, or cream-coloured mucus hangs about the back of the pharynx and soft palate, exciting vomiting on rising in the morning; a sensation of rawness or heat is sometimes felt along the œsophagus, particularly on drinking warm or spirituous fluids; the stomach is irritable, and vomiting is easily excited. A viscid and tenacious mucus collects during the night on the membrane of the bronchial tubes, causing more or less shortness of breath, or oppression of the chest on waking in the morning, and exciting cough, which is frequently attended by vomiting. The skin has frequently a dirty-yellow tint, although sometimes a remarkable clearness and freshness of colour is preserved, especially in fair persons. The conjunctivæ are often thick, injected, and dirty-yellow.

Different individuals suffer from a variety of nervous symptoms—from giddiness; a sensation of being lifted from the ground, or "taken off their legs," as I have heard them express the feeling; an alarming sensation of choking or suffocation on dropping off to sleep at nights; occasional numbness or "pins and needles" in the fingers and toes; or acute pains beneath the nails; a dull, aching pain across the loins, or an acute pain on bending or on rising from the sitting posture; a darting or lacerating pain in the lower extremities during the act of progression.

The muscular system is more or less affected by weakness, by spasm, or by the withdrawal of voluntary control. The hands and arms, and sometimes the whole body, are tremulous, with frequent fibrillar quivering of the muscles, particularly about the face. Voluntary movements are imperfectly or awkwardly performed. Even when there is no tremor of the hands, delicate operations—such as writing—are clumsily performed, and are irksome or distressing. The walk is more or less unsteady; and I have often noticed that in progression each foot is alternately carried inwards, and almost in front of the other. The articulation is sometimes peculiar and indistinct from partial loss of control over the muscles of the lips. The individual loses his accustomed energy, is careless of his own interest, and feels himself unfit for the performance of his ordinary duties, until he has resorted to his usual potation, or obtained from the druggist a "pick-me-up." For this distressing state I have found nothing so useful as full doses of nitro-hydrochloric acid, with a little of Battley's sedative solution; two or three doses, even, sometimes act like a charm. After relieving the bowels by saline aperients, I combine the acid with quinine, perchloride of iron, or small doses of strychnine. The occasional use of the Turkish bath is also beneficial.

If the individual persists in the excessive use of alcoholic drinks, partial or complete paralysis, and particularly paraplegia, not unfrequently results. I will only briefly mention

two or three of the most striking cases out of a number that have come under my care.

A cab proprietor and his wife, both remarkably fine and naturally healthy persons, between thirty and forty, were addicted to the most immoderate abuse of neat spirits. The wife, after two or three years of excessive indulgence, with many of the symptoms above described, became very fat and bloated, and one morning found that she had complete paralysis of the lower extremities; sensibility was also almost entirely abolished. At the end of ten weeks she quite recovered, and I subsequently lost sight of her, but heard that, after a renewal of her old habit, she died of some stomach or bowel affection. Her husband, who, as I was told, would drink daily as much as a quart of gin, had only partial paraplegia, with great numbness and pains in the legs. Unlike his wife, he became thin and sharp-featured; and I have seen this originally powerful and magnificent man, who was six feet two inches in height, look down upon his tottering and wasted legs, and burst into tears at the recollection of what he once was; and yet he has straightway gone to raise his spirits by a repetition of his accustomed potation. He went to Bath for the waters, and died there.

Another striking case was that of an old sergeant who had served through the Peninsular War—a tall, stalwart Yorkshireman, seventy-two years of age, who assured me that for the last twenty years he had never taken less than three-quarters of a pint, and sometimes a pint of rum daily, besides sundry glasses of gin and beer. He smoked, also, almost incessantly from morning till night. One day he lost the entire use of his lower extremities without much impairment of sensibility. In six weeks he quite recovered, and became much more moderate in his habits; but two years after I saw him again with almost complete paraplegia. He had frequent vomiting, a brown, parched tongue, with that peculiar smell of breath which so often precedes dissolution, and at the end of a week he died.

Harley-street, W., March, 1872.

REMARKS ON THE RECENT EPIDEMIC OF SMALL-POX IN BRIGHTON.*

BY J. HARRIS ROSS, M.D., C.M.

LAST winter I was appointed by the guardians of Brighton to take charge of the small-pox wards during the epidemic in that town, and I thought some observations I made whilst in charge of those wards might not be uninteresting.

The first case appeared in June, 1870, between which time and October 13 cases were admitted. Of these cases no notes were taken. In October 10 cases were admitted; in November, 22; in December, 25; in January, 1871, 66; in February, 44; in March, 30; in April, 28; in May, 13; in June, 12; in July, 4; and in August, 4: making a total of 271 cases. The first case, therefore, was in June, 1870, and the last on Aug. 17th, 1871, since which time I cannot learn, although I have made diligent inquiry, that a single case of the disease has occurred in Brighton. Of the 271 cases, 29 died, or 10·7 per cent. As will be seen by the figures quoted, the height of the epidemic in Brighton occurred in January, after which it gradually declined.

Of the 271 cases, I have notes of only 258, the others having taken place prior to my having charge of the wards. Of these 258 cases, 105 were unvaccinated and 153 vaccinated.

Of the 258 cases, 26 died, or 10·09 per cent. Of the 105 unvaccinated, 23 died, or 21·9 per cent.; and of these, 12 were adults and 11 children. Of the 153 vaccinated cases only 3 died, or 1·99 per cent. The death-rate is very small when compared with that of any of the London hospitals; for Dr. Collie, in a paper on the epidemic in the metropolis (THE LANCET for Sept. 30th) gives the mortality at the different hospitals as follows:—Hampstead, 19·1 per cent.; Stockwell, 17·6; Homerton, 17·1; Mrs. Gladstone's Small-pox Hospital, 17·1; Stockwell Fever Hospital, 15·6; Homerton Fever Hospital, 14·6 per cent. Of this last hospital Dr. Collie is in charge, and he takes credit that it had the lowest rate of mortality—a rate yet 4 per cent. higher than our own.

I asked Mr. W. Tunstall Clarke, the borough sanitary inspector, if he would kindly give me an abstract of the number of cases which have come under his notice, and he has sent me the following particulars, which I cannot help contrasting with the results in the workhouse:—

	Workhouse.			*Mr. Clarke's report—Out-door.*		
	Cases.	Deaths.	Pr. cnt.	Cases.	Deaths.	Per cent.
Total	271 ...	29	or 10·7	393 ...	88	or 22·39
Unvaccinated	105 ...	23	or 21·9	146 ...	56	or 38·3
Vaccinated...	153 ...	3	or 1·99	247 ...	32	or 12·9

Of the vaccinated cases, the 3 that died had only one mark each, and they were all adults. The first was a woman aged forty-four, who had a slight mark of vaccination on the left arm. This was a case of the hæmorrhagic form, and death took place on the fifth day after admission. The second was a young man aged nineteen, a grocer by trade. He also had one slight mark of vaccination. His was one of the worst cases of confluent small-pox I saw during the whole of the epidemic. He died from exhaustion on the eleventh day after admission, in such a state as it is barely possible to conceive a human body to be in and yet contain life. The third was a young woman aged twenty-one, who had one good mark of vaccination on her left arm. This case was a combination of the black pox with the hæmorrhagic form. She had hæmorrhage from the bowels, the vagina, the mouth, and the nostrils. She died on the second day after admission.

Of the vaccinated cases, 5 had five marks, 10 had four marks, 24 had three marks, 39 had two marks, and 65 had one mark. Of the rest I have simply the note "Vaccinated." I proceed to give some details of each class of case, distinguishing them according to the number of marks. By the term "a good mark" I mean one with a honeycomb appearance.

Cases with five marks.—Good marks, 1; fair marks, 2; bad marks, 2. One of the bad marks was a confluent case; the others were very mild.

Cases with four marks.—Good marks, 1; mild case. Three good and one bad mark, 1; mild. Bad marks, 3; very mild. All these cases were light.

Of the remaining five cases, one was admitted to ward on Dec. 27th, suffering from other disease, and was vaccinated by me in four places on the same day; rash of small-pox appeared on Jan. 12th, of a modified character, and very few spots. A second had been vaccinated a week previous to admittance, and a third ten days previously; both of these were bad cases. Two had been done recently, the scabs not having fallen off; both these were very mild.

Cases with three marks.—Good marks, 16; all mild disease. Fair marks, 5; also mild. One patient was undergoing vaccination, having been done nine days previous to admittance; this was a confluent case. One was a servant-girl sent from King's-road on Nov. 19th, with supposed small-pox, but which turned out to be urticaria. She was vaccinated by me in three places on Nov. 25th (I should have done it earlier, but was short of vaccine), and discharged on Nov. 26th. She was readmitted on Dec. 5th with genuine variola, the rash having appeared the previous day. This poor girl had a very severe attack of confluent small-pox, and did not leave the premises for months; for, the whole of her hair having come off, and she being much marked, her friends were not at all anxious to take her home. A peculiarity in this case was that the vaccine vesicles did not begin to show until the variolous rash had appeared. Both diseases then gradually went through all their stages in a perfect manner. The vaccination vesicles could easily be told by their being larger and by their triangular position. This case, with others, made a great impression on my mind; and I think no medical man is justified in sending a case into a contagious disease ward until the patient has shown convincing signs that he or she is suffering from the particular disease.

Cases with two marks.—Good marks, 13; 9 had modified and 2 confluent disease. Bad marks, 11; 9 modified and 2 confluent.

Cases with one mark.—Good marks, 22; 16 modified and 6 confluent. Fair marks, 9; 7 modified and 2 confluent. Bad

* Paper read before the Brighton Medical and Chirurgical Society, Dec. 1871.

marks, 30; 21 modified and 9 confluent. Of the modified cases of the bad marks, one had been revaccinated a few days before admittance and took slightly. One of the confluent cases in the same class of marks was an old man sixty-seven years of age, who had been vaccinated more than sixty years previously. He had a protracted illness, but ultimately recovered.

A man was admitted on Jan. 5th, 1871, who stated that he had been vaccinated four times, but never successfully; he had a full eruption, but modified. An interesting case was that of Mary Ann H——, a baby three months old, sent in with her mother, who was suckling her, and who had confluent small-pox. The child was admitted on May 31st, 1871, and vaccinated by me on the same day in four places. All four took well. On the 26th June three small-pox vesicles appeared on its chin, just where it came in contact with the mother's breast in suckling. They were modified; but from their appearance and the general symptoms of pyrexia in the child, there was no doubt in my mind it was variola.

Of the value of revaccination I cannot speak too highly. In my experience of two epidemics of small-pox I have not seen a single case of which it might fairly be said that the disease had been contracted after revaccination. Two or three cases were admitted into the wards having had the operation performed a day or two previously, but in each of these cases the vaccination had been performed after contracting variola. None of the nurses or attendants about the building who had been revaccinated took the disease or showed any symptoms of it. Three of the workhouse officers and three of the inmates of the insane wards contracted the disease. This alarmed the establishment, and all the officers were revaccinated. My partner and myself performed the operation upon the whole of the inmates of the insane wards, and every case took more or less. All did well under the operation, although a good number of the inmates were bordering on threescore years and ten. After this, not a single inmate of these wards had the disease, notwithstanding that the male attendant was treated in the centre of the building for modified variola, he refusing to be moved.

As I said before, I have never seen small-pox occur in a person revaccinated; and I think this condition far more safe than that of a person having had small-pox, no matter how severe. To sustain my opinion, I may mention some cases.

The first is that of Mrs. H——, the head nurse in the wards; of whom I may say I never met with a more kind, attentive, painstaking, and hard-working nurse in the whole of my professional experience, and, I can add, that she has been sadly missed in her post at the Brighton Workhouse. She was aged forty, and had been nurse in the fever wards since 1867. A week or ten days after she came down from the Fever Hospital in London she had a sharp attack of typhoid fever; and last year, having to nurse a good many cases of relapsing fever, she also contracted that malady. Since December the wards have been entirely devoted to small-pox cases, containing, when full, fifty beds. During December and January the cases were not only numerous but also very severe, requiring great attention. Mrs. H—— was the only paid nurse (with pauper assistance), and, being a very anxious woman, she devoted too much of her time and energies to her duties, rarely or never going out for fresh air. In January a second paid nurse was employed; still Mrs. H—— did not go out. For a week or ten days previous to her illness she seemed very weak and prostrate, fainting on several occasions, and was obliged to give up most of her duties. She had a tiresome cough and profuse night-sweats; she got little or no sleep at night. She did not complain of her back aching, but said it felt so weak that she could hardly sit up. On March 10th I had her stripped for the purpose of examining her chest, as I suspected phthisis. On turning to examine her back, I noticed a peculiar-looking rash appearing. When I mentioned the matter, she said that was nothing; that she often had a little rash of that sort. On my visit next day I found her covered with a roseolous rash, which, on passing my hand over it, felt rough and papulous. I ordered her some liquor of acetate of ammonia, carbonate of ammonia, and decoction of senega; also fifty minims of nepenthe with an ounce of brandy at bedtime; likewise a warm bath.

March 12th.—Morning: About the same; rash very full; had a bad night.—Evening: Seems slightly better; has taken her nourishment well. Gave her hydrate of chloral.

13th.—Had a bad night. Pulse more feeble; cannot retain her nourishment; rash turning of a purple hue.

14th.—Has been very delirious all night. Rash fading in some parts, in others of a decided purple colour with black spots; sordes on teeth and mouth; pulse more feeble.

15th.—Is sinking. Skin on buttocks is all peeling off, leaving a large raw surface on each side showing intense inflammatory action of the skin. Died at 8 P.M.

No vesicles made their appearance. Her friends state that she was vaccinated when a child, but this she did not state herself, and no marks were visible. When a child she had a bad attack of confluent small-pox, of which numerous proofs were to be seen on her face and body.

On May 17th a man was admitted, aged forty, with modified small-pox, who stated that, when twenty-one years of age, he had this disease badly, of which he bore evident marks on his body. There was also admitted a woman, named Hannah P——, aged thirty-six, who stated that she had small-pox when a child, but did not remember it. Also a boy, aged thirteen, whose mother stated that he had the disease when three months old; he had never been vaccinated; he had a modified attack. A very interesting case occurred in my private practice. I was called to see a tradesman, whom I found suffering from confluent small-pox, and I advised that everyone in the house should at once be revaccinated. They all (four) consented with the exception of his mother, an old lady between sixty and seventy years of age. She said that as she had already had small-pox she would take her chance. None of the inmates of the house who had been revaccinated took the disease, but the old lady had confluent small-pox, and barely escaped with her life. I saw her the other day, and she is much marked. These cases will go, I think, a long way to prove, first, that it is possible, and not very uncommon, to have a second attack of small-pox; and also that to be twice vaccinated is a far better safeguard than a previous attack of the disease.

Mr. Clarke, the sanitary inspector, in his report to me, says that he met with seven cases of a second attack, of which two died, and two cases where the patients said it was a third attack.

Of the sequelæ, the most troublesome was a succession of abscesses, which occurred in a good many cases. The treatment I found most efficacious was to open early, poultice for a few days, and then apply carbolic-oil dressing; at the same time giving the patient a liberal diet, and a mixture, three times a day, containing two grains of quinine and twenty-drop doses of tincture of perchloride of iron. I had one case in which the patient had two ulcers on the cornea of the left eye, and when he left the workhouse he had no sight in that eye. I have since lost all trace of him. One case of desquamative nephritis; this soon got well under the use of small doses of antimony. There were several cases of loss of all the hair on the scalp; but the most tiresome and aggravating sequela of all was, after the patient was well and the body quite clear, to find a hard, nodulated mass of scab sticking to the nose. This occurred in at least half a dozen patients. I tried ointments, cold cream, olive oil, carbolic oil, poultices, warm fomentations, but to no purpose. At last I came to the conclusion—"let it alone."

(To be concluded.)

OBSERVATIONS ON THE TEMPERATURE OF THE INSANE.

BY J. HAWKES, M.D., F.Z.S.,

ASSISTANT RESIDENT PHYSICIAN TO THE MIDDLESEX COUNTY ASYLUM, HANWELL.

HAVING been lately engaged in some experiments on the diurnal temperature of the insane, I have thought it may prove interesting to other members of the profession who have not the same opportunities of making such observations, if those which I have made should be recorded. The object of my investigations has been to ascertain the average amount of heat evolved from the surface of the

body in persons suffering from well-marked forms of mental disease, and I have selected for the purpose those typical cases of the particular forms of disease quoted which the very large number of patients under treatment in this institution enabled me to make, and these being under my constant observation I have been enabled to make the selection with more particular precision. The peculiar susceptibility of those suffering from mental disorder has, in a great measure, precluded me from pursuing the mode of investigation usually recommended for ascertaining the temperature of the body by placing an instrument within the mouth and rectum. I have, however, in every case conducted the examination by aid of a clinical thermometer placed in the right axilla, the arms being folded over the chest so as to include the bulb of the instrument between folds of skin, and the patient's clothing being retained. The observations were taken in rooms the average temperature of which may be stated at 65° Fahr.; between ten and twelve o'clock in the morning, and between three and five o'clock in the evening, exactly ten minutes being given to each observation. The condition of the patient is described in the statement accompanying the record of his thermometric range.

Before examining this table, I would beg to remind the reader of the average temperature noticed in the examination of sane persons presumed to be in health, and under normal external conditions. Thus, in an atmospheric temperature of 60° F., the normal temperature of the body has been determined at 98·28°, and the lowest temperature at 96·5°. These observations were made with a thermometer placed under the tongue. In young children the temperature has been found uniformly higher than in adults. "Between four months and six years of age the average temperature was found to be 98·9°, and between six years and fourteen years of age 99·16°." And Dr. Carpenter states that "in maladies which involve an acceleration of pulse, and a quickening of the respiration, the temperature is generally higher than usual." That the heat of the body is due to some force beyond the mere result of chemical change and combustion going on throughout the system is shown by experiments made on parts of a paralysed body in which the nervous influence was directly diminished. This was demonstrated by the late Mr. Earle, of St. Bartholomew's Hospital, in a series of experiments on paralysed limbs, in which the temperature was found to be lowered, and, I conceive, the same results will be observed in the examination of patients who are labouring under an impeded or diminished condition of healthy nerve-force; but this result does not necessarily occur in cases of general paralysis, where there is often a continuous elimination and waste of nervous action, and in which cases a reference to the subjoined tables will show no considerable diminution in the temperature as compared with the other cases recorded in the same table. That calorification is in a great measure the direct consequence of healthy chemical change, resulting from the due performance of the functions of assimilation and nutrition, there can be, I suppose, no question; that the oxygenation of tissues from an increased frequency and force of respiration will also promote an increase in the temperature is equally certain; and that a large share in the maintenance of healthy, or morbidly excessive, temperature is due to the energy or intensity accompanying the development of nervous action, must be also taken for granted. In determining the respective share which each several function performs in the elimination of heat there is no doubt a difficulty; but I cannot hesitate in ascribing to the direct influence of the nervous system a very considerable and important amount of service rendered in the economy of the system. If, then, the expression of nerve-force be considered in a great measure to be synonymous with the elimination of heat, we may expect to find in any case where the amount of nervous energy is reduced a commensurate diminution or reduction in the average amount of heat evolved from the surface of the body; and where the expenditure of nerve-force is beyond that of a normal state of health, we may look for an increased evolution of heat in the like proportion. On the other hand, we should be prepared to make some allowance in all cases for the depressing effect of mental and physical suffering as direct depressing agents on the nervous system. This result will be noticed more particularly among the subjects of melancholia and imbecility. In the former, with a reduced rate of circulation and, it may be roughly stated, all the functions below par, the temperature is necessarily affected; while in the latter, where the functions of animal existence are performed under a defective condition of nervous and intellectual energy, the same result may be expected, and we shall find the temperature, as a rule, very low. In mania the temperature is generally higher, in direct proportion to the nervous excitement. In one case, where I found the pulse 110 in the minute, the temperature was 100°; yet the patient was not violently excited, but restless and talkative. On two subsequent examinations, when he was still less excited, and somewhat stupefied by the action of chloral hydrate, the temperature was only 96°.

	Age.	Pulse.	Temperature. A.M.	Temperature. P.M.
W. W——. Mania. Is restless and often excited. Health delicate.	21	92, soft & rather full.	98·40°	98·20°
R. S——. Mania. Is epileptic; at times excited, talkative, and incoherent.	48	86, firm.	98	99·10
D. H——. Recurrent mania. Frequently excited; occasionally violent. Is of small stature and spare frame.	34	80, equable and healthy.	98	98
J. S——. Mania. Is excitable and restless at night. Health good.	37	78, soft and very weak.	98	97·20
W. G. R——. Mania. Very excitable, restless and noisy. Is much weakened by his excitement.	28	98, soft and small.	97·30	98·12
R. E——. Mania. Restless and excitable, especially at night. Is at present tranquil.	43	72, soft.	97·20	99
T. T——. Mania. Is epileptic, excited and noisy.	20	92, soft.	98·30	96·40
W. D——. Epileptic mania. At times very violent and excited. Is at present dull from the effect of a recent fit.	31	84, compressible.	100·40	99
J. G. W——. Melancholia. Is subject to fits of deep depression, and is in delicate health.	24	78, soft and small.	95·30	97·10
W. P——. Melancholia. Is pallid and very dejected. Health feeble.	30	66, soft and very weak.	97·20	96·30
R. S——. Melancholia. Subject to great depression; suicidal. Is pale and in delicate health.	50	50, jerking & irregular; intermittent.	96·30	97·20
R. N——. Melancholia. Is subject to great depression, with insomnia. Is at present rather better, and able to employ himself.	55	66, soft and tremulous.	96·30	98·20
J. P. V——. Melancholia. Is subject to great depression. Health good.	44	90, moderately full.	97·40	97·30
T. M——. Melancholia. Is occasionally very depressed and suicidal.	47	72, soft and normal.	97·30	95·20
T. K——. Melancholia. Is habitually depressed, and asserts that he is a "bottle imp." Health good.	59	72, weak and slightly irregular	98	97·20
A. D——. Melancholia. Depressed and discontented. In weak health.	52	72, soft and regular.	98	98
T. A——. Advanced general paralysis. Is bedridden, and has no control over the sphincters.	53	98, feeble & flickering.	97·30	98·30
G. L——. General paralysis. In fair bodily health, and able to work in the field daily. Is always free from excitement.	41	76, soft.	97	98·40

	Age.	Pulse.	Temperature. A.M.	Temperature. P.M.
F. C——. Advanced general paralysis. Has no control over sphincters. Is able to move about and take exercise daily.	34	114, thready, weak, & flickering.	95·30	101·20
C. G——. General paralysis. Is able to take exercise, but is in feeble health.	45	78, weak and tremulous.	97	98
J. W——. Advanced general paralysis. Is unable to help himself.	48	70, weak.	97·30	97·30
R. M——. Advanced general paralysis. Is quite helpless and bedridden.	55	72, rather firm.	97	96·30
H. J. G——. Incipient general paralysis. Is in tolerable health and free from excitement. Is imbecile.	31	78, soft and weak.	97	96·30
E. N——. Imbecility. Is quiet, and habitually free from excitement.	25	100, small and soft.	94·20	98
C. F——. Imbecility with epilepsy. Fits accompanied with great excitement, and is occasionally violent.	19	72, soft and normal.	96·10	97·40
W. K——. Imbecility. In good health, and tranquil.	71	76, feeble & small.	96	96·40
G. R——. Imbecility. Was formerly subject to epilepsy. Health good.	39	66, small and weak.	96	96·20
E. D——. Imbecility. Labours under chronic paraplegia.	50	80, soft and regular.	97	97·30
T. M'P——. Imbecility following mania. Was formerly very restless, but is now free from excitement. Is wet and dirty in his personal habits.	40	80, small & weak.	97·30	98·40
H. G——. Imbecility. Is in good health, and tranquil.	34	76, full and soft.	95·30	95
T. H——. Convalescing from mania. Is florid; irides pale-green. Has been until lately excited and violent.	32	80, small and very compressible.	98·20	95·20
J. W. F——. Subacute mania. Is frequently restless and noisy at night; is quiet by day, and assists in cleaning the ward.	52	72, compressible.	96·20	95·40

On examining the above table it will be noticed that the discrepancies of temperature are probably rather less than at first would have been expected; but it also becomes evident that in most cases the degree of heat evolved is commensurate with an active or sluggish state of the nervous system, and bears a very fair proportion to the corresponding phenomena of mental excitement or lassitude. The rapidity of the circulation does not appear to have a direct effect on the temperature of the body, since in two instances where the pulse was only 66, and in another where it was as low as 50, the temperature was higher than in a case where the pulse was 78, or in another where it was even 100; but the habitually low temperature in cases of melancholia bears out in a measure the remarks made in an earlier part of the paper.

I am far from claiming for thermometric observations an undue prominence in clinical medicine, though in forming a prognosis I believe they are in many instances of great value; but in the cases now recorded they are rather to be regarded as interesting facts connected with the physiological department of medicine, and in this they appear to me so far of value as assisting to show the connexion between the natural phenomena of nerve-force and vital heat in their mutual relation of cause and effect; and I venture to believe that physiological research, however limited, may serve, when faithfully conducted, as a road-light to the successful practice of our profession.

Hanwell, Feb. 29th, 1872.

LOCOMOTOR ATAXY, COMMENCING SUDDENLY AND DISAPPEARING UNDER TREATMENT; WITH REMARKS.

BY FREDERICK POLLARD, M.D. LOND.,
MEDICAL REGISTRAR TO ST. THOMAS'S HOSPITAL.

THE following case, which I have recently met with in dispensary practice, presents several points of interest:—

A. G——, aged sixty-four, a big, well-built Frenchman, came under treatment in October last. He is a cabinet-maker, and has been married to his present wife thirteen years, before which he had been a widower ten years. Has three children, the youngest seven years old. His father died at sixty, suddenly—probably of apoplexy; and a sister died at fifty-six, in a fit of passion.

Previous health.—Had very good health all his life, and does not remember any serious illnesses. Three years ago he had a severe fall, and bruised his left arm and right leg. Got to work again in a week, but the left arm felt weak and painful for a long time. Two years ago he had an attack of hæmorrhage from the bowels, lasting a week. After this he had varicose ulceration of the leg, which lasted eighteen months, and had only just healed up when his present illness began. He appears to have drunk freely at different times, but not of spirits. He denies having had venereal disease, and was not exposed to cold or wet, nor has he had rheumatism. Had no particular mental anxiety. His wife states that he was never incontinent in sexual matters, and that his virile power has been on the decrease for a considerable time, and has quite ceased since the ataxy commenced.

Present illness. — The only premonitory symptom he can remember was a pain in the left side for two or three weeks before the attack. He was otherwise in good health, and was at his usual work during the day preceding the attack, which was about two months ago. He went to bed feeling well, but when he woke up next morning he observed that his speech was very indistinct; on getting out of bed, he tottered when he tried to walk, and found himself unable to lay hold of anything with precision, although he could grasp firmly what he had in his hands. The consequence was that from that time he has been unable to walk alone or to do any work. He noticed that his right eyelid drooped on the morning of the attack, and remained so for a week after. He has continued in good general health, eating well and sleeping heavily. He has had no pains anywhere. The ataxy has been getting rather worse than otherwise.

Present state (October 16th).—He has distinct ataxy of both upper and lower limbs, which has existed for two months. The hands grasp powerfully when he seizes anything, but he cannot lay hold of his tools or of a pen with any precision, and very small objects he cannot pick up at all. He attempts to write his name with much awkwardness. He can estimate weights and temperatures fairly. He can move his legs about freely while sitting, and can cross and recross them, and places either foot on a spot on the floor with tolerable certainty, though clumsily and with some effort. But on attempting to walk, the legs jerk out in the manner characteristic of this affection. There appears to be no loss of sensation in the limbs, nor any pain, numbness, or other abnormal sensation. He has had no loss of memory or intellect, but has been much depressed and very irritable on account of his inability to work. He can see and hear as well as usual, but complains of curious sensations and noises in the left side of his head. No ocular palsy. His articulation is thick and indistinct, but he does not forget words, or use one for another. Tongue protruded straight. Swallowing natural. Chest sounds healthy. Digestion normal. No difficulty with evacuations of bowels or bladder. Ordered iodide of potassium, five grains; dilute nitro-muriatic acid, fifteen minims; in infusion of gentian: three times a day.

Progress.—On October 26th he was decidedly better, and he continued to improve till, on December 30th, it is noted that he had quite recovered the use of his limbs. He was able to walk all right without fatigue and to do his fine cabinet-work as well as before his illness. His articulation also had recovered its usual clearness.

Remarks.—This case presents several points of difference from the typical form of locomotor ataxy.

In the first place, there is the suddenness with which the ataxic symptoms supervened. Repeated questionings obtained from my patient no other reply than that he had gone to bed quite well, and next morning found himself unable to use his hands or his feet properly. This is very unusual, though Dr. Bazire mentions the case of a man who appeared to have suddenly become affected with fully formed ataxy.

The next point of interest is the entire absence of pains in the limbs throughout the case. Prof. Trousseau asserts that these pains are quite characteristic, and serve as a point of distinction between true locomotor ataxy and tumours of the cerebellum causing ataxy. The implication of articulation is another unusual feature. There was nothing like true aphasia, but the mode of talking rather suggested the thick muffled tones of the drunkard.

Lastly, rapid and complete recovery of the patient is very uncommon in locomotor ataxy. Of course it is possible that the recovery in the present instance may be only temporary; but at all events the symptoms have entirely disappeared. How far the iodide of potassium contributed to this result it would be difficult to decide, but the improvement began almost immediately after the use of the drug was commenced.

I think it is quite open to question whether the ataxy in this case was dependent on spinal disease. The affection of speech, the complaint of curious sensations and noises in the head, the ptosis, and the absence of pains in the limbs, point rather to cerebral than to spinal disease—though temporary or permanent ptosis is not uncommon in locomotor ataxy. How far cerebellar disease may give rise to a form of ataxy in itself indistinguishable from that due to tabes dorsalis does not seem to be quite clear. Dr. C. B. Radcliffe appears to think that cerebellar ataxy has characters quite distinct from the spinal. In the case now given, the form of the ataxy was exactly like that seen in ordinary tabes dorsalis, though the history and course differed in several important points from those usually met with in that disease.

January 2nd, 1872.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

EXCISION OF THE KNEE-JOINT, FOLLOWED BY EXTENSIVE SUPPURATION AND DIFFUSE CELLULITIS; AMPUTATION OF THE THIGH; SECONDARY HÆMORRHAGE THIRTY-SIX DAYS AFTER OPERATION; LIGATURE OF THE FEMORAL; RECOVERY.

(Under the care of Mr. GEORGE LAWSON.)

GEORGE G——, aged forty, a London carman, was readmitted into the Middlesex Hospital on Oct. 25th, 1870, suffering from a subacute inflammation of the left knee-joint, which had been long affected with chronic synovial disease. He dated the commencement of the disease from an accident he received nearly five years previously, when, in moving a cask of beer, it fell against the left knee, striking it a heavy blow. Since that time he has suffered from repeated attacks of inflammation of the knee-joint, for one of which he was in the hospital in April, 1870. For the last eleven months he has not been able to do any work, as during the remissions his knee was not sufficiently recovered to enable him to walk without great discomfort. The attack of inflammation for which he was now admitted was marked by being more severe than those for which he had before been treated. The disease had apparently originated in the synovial membrane, to which it had been for a long time confined; but the symptoms now indicated ulceration of cartilage, with caries of the articular extremities of the bones. The whole joint was enlarged, exquisitely tender to the touch, and with a constant gnawing sensation within it. He had frequent painful jerkings of the limb at night, and his sleep was only in short snatches. There was considerable constitutional disturbance, he had no appetite, his pulse was quick and feeble, and he had the worn expression of excessive suffering.

Considering the age of the man and the fact that he had been a carman, and, although not intemperate, yet accustomed to drink freely, Mr. Lawson advised amputation of the thigh. To this proposition, however, the patient absolutely refused to consent, saying that the only operation to which he would submit was excision of the knee-joint.

On Dec. 19th, 1870, Mr. Lawson excised the knee; the leg was put up in a long M'Intyre, with a wooden side splint attached, and the whole swung in a Salter's cradle. For a time the man progressed favourably, and soon recovered from all the primary effects of the operation. After the first ten days, however, unfavourable symptoms began to manifest themselves, the suppuration became profuse, and a diffuse cellulitis extended down the leg and some distance up the thigh. Large collections of pus formed and were opened, and the strength of the patient began to fail. His temperature rose to 103°, his pulse became quick and feeble, and his appetite, which had at first improved after the excision, again left him. These symptoms continued to increase, and it was evident that there was no hope of saving the leg.

On February 2nd, 1871, Mr. Lawson amputated the thigh. After the amputation the man rapidly rallied, and with the exception of a troublesome cough which gave him much annoyance, and a profuse suppuration of the stump, he appeared to be progressing very favourably. He was cheerful, took his food much better, and the temperature was reduced to about 100°. The ligature from the femoral had come away on about the twentieth day, and the patient appeared to be gradually approaching convalescence. On the morning of the 8th of March, whilst coughing violently, there was a sudden strong gush of arterial blood from a portion of the wound which had not completely healed. On the arrival of the house-surgeon, who was immediately sent for, the hæmorrhage had ceased. A special nurse was placed by the bedside of the man to watch him carefully, and a tourniquet was applied loosely over the artery, to be screwed up immediately if the bleeding recurred. On the morning of the 10th, whilst coughing, there was another burst of arterial blood, and in a much larger quantity than on the first occasion. Mr. Lawson was at once sent for, and as it was evident that the femoral had given way, he applied a ligature to that vessel in Scarpa's triangle. From this date the man progressed favourably; the wound of the stump healed, the ligature of the artery came away without any untoward symptoms, and he left the hospital on April 16th to go to the seaside.

CHARING-CROSS HOSPITAL.

CONGENITAL HYPERTROPHY OF THE TONGUE; REMOVAL BY THE ECRASEUR; RECOVERY.

(Under the care of Mr. FAIRLIE CLARKE.)

HERBERT I——, born August 16th, 1871, was brought to the hospital on December 12th following. At birth it was noticed that his tongue hung down to his chin. On the third day it decreased to its present size, probably in consequence of œdema produced during delivery having subsided. Since then it has undergone no alteration. The portion of the tongue which habitually protruded was an inch and a half in length, and the same in breadth, by three quarters of an inch in thickness. The hypertrophy was chiefly on the left side. The appearance of the tongue was healthy and natural. It completely filled the aperture of the mouth, and the little patient breathed almost entirely by his nose. He is a large, fine child, intelligent and good-humoured, though every now and then he seemed to get into a passion with his tongue because it impeded his respiration. He had no difficulty in taking the breast; indeed here his enormous tongue seemed to help him, for he protruded it to the full extent along the under surface of the breast, and worked it vigorously as he drew the milk.

No tumour or enlargement of any kind could be seen at the back or floor of the mouth. The appearance of all these parts was perfectly natural; the heart sounds were normal; the general health excellent.

On January 15th, 1872, the child and his mother were admitted into the hospital, and repeated attempts were made to reduce the size of the tongue by strapping; but this was found impracticable. It was, therefore, determined to remove the protruding portion with the écraseur. Accordingly this was done on January 27th, under the influence of chloroform. The point of the tongue was drawn through the loop of the instrument, two long needles were passed vertically through the organ at the line of desired section, the screw was tightened, and a piece of the tongue about an inch and a half in length was removed. Some sharp bleeding took place, and two or three vessels had to be secured by ligatures. The sides of the stump were brought together by sutures passed deeply through the substance of the tongue, and small fragments of ice were placed in the child's mouth for the next few hours. No further hæmorrhage occurred.

After the operation Mr. Fairlie Clarke remarked that he was not aware of any recorded case in which an operation for the relief of this deformity had been undertaken at such an early age. But the history of other cases of the same kind teaches us that as soon as the teeth begin to come the disease is much aggravated, and changes are brought about in the direction of the teeth and lower jaw which no subsequent treatment is sufficient altogether to overcome. It seems, therefore, of great importance to operate before the first dentition, if it can be done with safety.

It is not necessary to transcribe the notes of this case from day to day. Suffice it to say that, on the whole, the child progressed as favourably as possible. For the first few days the tongue looked swollen and clubbed. On the 2nd of February, in a fit of coughing, the stitches gave way. The stump presented an irregular wound about the size of a shilling, but the surface had a healthy aspect. As the patient looked pallid, fifteen drops of brandy were given per diem with marked benefit. The principal difficulty experienced was in feeding the infant. It could not take its mother's breast. It had, therefore, to be fed with spoon-food, and it was some little time before its digestion accommodated itself to the change. But by careful nursing his health improved from day to day, the swelling of the tongue gradually subsided, and the wound healed and contracted.

On the 13th of February, as the mother was very desirous to return to her home, she was allowed to leave the hospital, with directions to bring the baby as an out-patient once a week. At this date the wound was quite healed, and the cicatrix not larger than a sixpence. The tongue was gradually assuming a rounded form at the end. It did not protrude beyond the arch of the jaw, and the mouth was almost closed, particularly during sleep. It was explained to the mother that great good might be expected from gently closing the jaws, so as to exercise a slight pressure upon the tongue within the mouth, and that she should do this as much as possible.

On February 20th the child was brought as an out-patient. It was looking well, and had quite regained its colour. The wound was contracted to the size of a four-penny piece. The tongue did not protrude beyond the jaw, and the mouth was nearly closed. An ordinary observer would merely have said that the child had rather an open mouth and a tongue a little thicker than usual.

On March 5th the child was again brought to the hospital. It looked remarkably well. Its mouth was still more nearly closed. The tongue was quite within the arch of the jaw; it had become much more rounded and shapely than when it was last seen, and the seat of the operation was marked only by a slight notch.

WEST LONDON HOSPITAL.

RETENTION OF URINE FROM A RECURRENT CALCULUS; URETHROTOMY; RECOVERY.

(Under the care of Mr. TEEVAN.)

A. W——, a strong, well-made lad eleven years old, was admitted into the hospital on January 27th, at 4 P.M., for retention of urine. His mother stated that he awoke in great pain in the morning, not having passed any water since 8 o'clock the previous evening. His bladder, on admission, was found distended to the pubes; and he was sweating profusely and suffering considerably. Mr. Hill, the house-surgeon, tried to introduce a soft catheter into the bladder, but found its progress arrested in the perineum by a rough calculus; and, having endeavoured without success to push back the stone into the bladder, he sent for Mr. Teevan, who, on arrival at 6 P.M., ascertaining that the calculus could not be extracted, so firmly impacted was it, desired Mr. Wyman to give the boy chloroform. The patient being in the lithotomy position, Mr. Teevan cut down on the stone in the mesial line of the perineum, and extracted a lithic-acid calculus, of the size of a large pea, rough and irregular. The catheter was required to relieve the over-distended bladder. The day after the operation some urine passed through the wound, but after that date all came through the penis; and the boy left the hospital, quite well, on February 21st.

Mr. Teevan remarked that there were several points of interest in connexion with this case. In the first place he had cut the lad for stone five years ago, when he removed a lithic-acid calculus weighing nearly three drachms, and having no facets (see THE LANCET for 1867). The boy had remained perfectly well till the last week, when his mother observed that he occasionally suffered pain during micturition, and it was clear that the stone was a recent formation. It usually happened in a case like this that the removal of the calculus was not sufficient to relieve the retention, as time was required for the over-distended and temporarily paralysed bladder to regain the power of expelling its contents. Lastly, this boy was a living witness of a most important pathological fact to surgeons. Here was a lad whose urethra had been freely laid open with the knife five years ago, and yet not the slightest contraction had ensued, though no instrument had ever been passed from that period to the present. Now, had this boy's urethra been torn instead of cut, he would have been the subject of the worst known form of stricture—the traumatic.

ROYAL NAVAL SICK QUARTERS, HALIFAX, NOVA SCOTIA.

CASES OF SUBACUTE INTERNAL OTITIS.

(Under the care of Staff Surgeon GORDON, R.N.)

THE three following cases of considerable interest have been communicated to us by Assistant-Surgeon Griffiths, R.N.

CASE 1. *Subacute internal otitis of left ear, followed by hemiplegia, including the facial and fourth nerve on the affected side.*—Mr. W——, aged thirty-five, a gunner R.N., was admitted Aug. 10th, 1871, with a purulent discharge from his left ear. He also complained of partial loss of motor power in his right arm and right lower extremity, and acute pain in the left side of his head. He stated that he had had a thin watery discharge from the same ear since childhood, and that the above symptoms had gradually come on during the previous fortnight. On examination of the ear with the speculum, the lining membrane of the internal meatus was found to be thickened, and the membrana tympani presented a dull and opaque appearance, with a reddened circumference. Sensation was perfect in both the right upper and lower extremities; but the motor power was impaired, and when walking he dragged the heel. The grasp of the right hand was feeble. The constitutional symptoms were slight; pulse of average quality; tongue clean; bowels irregular. He was ordered a pill of mercury and colocynth, and a compound senna draught; a blister to the nape of the neck.

Aug. 11th.—Pain in the head relieved; pupils natural; bowels not yet opened. Pill and draught to be repeated; and the ear to be syringed with a weak carbolic-acid lotion. As the bowels had not been opened at 5 P.M., he was ordered five grains of calomel at once.

12th.—Acute pain in the head at the vertex; unable to raise the right arm or to move the fingers; bowels opened by the powder, but not freely. The powder to be repeated.

14th.—Slight improvement to-day; less pain in head; motor power returning to the lower extremity. To take five grains of blue-pill three times a day.

16th.—Pain chiefly in the temples; mouth drawn to the right side. Speech impaired; difficulty in pronouncing labials. A blister to be applied to each temple.

18th.—Feels much better, but no improvement in the arms; passed a good night. Blue-pill to be discontinued as the gums are slightly touched by it. Ordered one-thirty-second of a grain of strychnine in a drachm of water three times a day.

From this date to September 1st he continued to improve, and gained some power in the arm, and was able to raise it. The following day he complained of double vision. On examination the pupil of the left eye was found elevated about a line above that of the other eye, and the eyeball rotated, but no external strabismus. The pupil was slightly dilated. Objects seen at close or far distances were seen naturally; but at a medium distance two images were formed, one raised a little above the other. The patient could obviate this defect by fixing the affected eye with one of his fingers. There was perfect vision when each eye separately viewed the object. After this date no improvement took place. He was invalided and discharged for passage to England.

CASE 2. *Subacute internal otitis, followed by transient hemiplegia, including the facial nerve on the affected side.*—John S——, aged thirty (rating, carpenter's crew), was admitted August 21st, 1871, for chronic inflammation of the external meatus of the left ear, with acute pain in the head on the left side, and giddiness. He stated that he had had discharges from both ears for some time. On examination with the speculum the right membrana tympani was found to be destroyed, and round its original attachments a ring of small red granulations was seen. The left membrana tympani was opaque and dull, and the external auditory canal reduced to half its calibre by thickening of the cutis. Poultices were applied to the left ear. On Aug. 23rd a small abscess formed in the left external meatus, which was incised. He was ordered a lotion containing carbolic acid, and a mixture of the citrate of quinine and iron. He went on well till Sept. 2nd, when he was seized with a severe pain in the left ear. Discharge still continued. He was ordered a pill containing two grains of calomel three times a day.

Sept. 8th.—Complains this morning of giddiness. Pupils dilated; pulse small and weak. To leave off pill.—5 P.M.: Giddiness continues; unable to walk steadily; partial loss of power in the right upper and lower extremities; mouth drawn to the right side; pupils still dilated, and not as sensitive to light as natural; ideas confused; watchfulness, and darting pain in the head. The hair was cut short, and a blister applied to the nape of the neck.

9th.—Passed a good night, and feels better. No pain in the head; motor power returning; pulse soft and weak. Ordered five grains of the citrate of quinine and iron three times a day.

From this date the patient gradually improved, and regained, under the use of tonics and stimulants, the use of the affected limbs. The discharge from the ear also daily lessened; and on Sept. 24th he was well enough to be discharged to light duty. He was, however, readmitted on the 27th, with a relapse of former symptoms. He recovered; but, being unfit for service, he was discharged for passage to England.

CASE 3. *Subacute internal otitis; left ear, followed by partial loss of motor power in both lower extremities; recovery.*—F. H——, aged twenty-eight, private Royal Marines, admitted on the 3rd August, 1871, for a discharge from the left ear. The previous evening, while at quarters on board H.M.S. *Royal Alfred*, he was seized suddenly with giddiness, and at once applied for treatment, and, as his bowels were confined, was given a powder containing three grains of calomel and one drachm of the compound jalap powder.

On admission into the sick quarters he complained of acute pain in the left ear, from which was a purulent discharge. He stated that he had had a discharge from both ears at intervals for a long time. On examination with the speculum the membrana tympani of the left ear presented a dull and thickened appearance, and round its margin a ring of small irritable-looking granulations. The right membrana tympani was in a similar condition. There was inability to stand for any length of time, and the patient, on endeavouring to walk, did so in a wild and irregular manner, as if the power of the will was partially lost over the movements of the lower extremities. The ears were syringed with warm water frequently.

Aug. 4th. — Headache and giddiness continue; shooting pains down both thighs; can move the legs better. Ordered a mixture containing two grains of sulphate of quinine three times a day.

10th.—Still a purulent discharge from the left ear. A blister to be applied behind the left ear.

13th.—Discharge increased; complains of giddiness and noises in the head. To leave off quinine mixture.

19th.—Feels better; less discharge.

22nd.—Improving, but still has giddiness. To take the thirty-second part of a grain of strychnine in water three times a day.

He went on well, and was discharged on Oct. 18th.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 11TH, 1872.

MR. THOS. BRYANT, PRESIDENT, IN THE CHAIR.

ON taking the chair Mr. BRYANT delivered a short address. He acknowledged the honour conferred upon him, and felt it more on looking at the list of great men who had preceded him, and on recollecting that his revered father had been twice president of the same Society. This Society, now a century old, had been both father and mother of newer societies, whose success no one regretted. The Society was comprehensive in its objects, and embraced all branches of the profession. The evils of specialism were dwelt upon, although it was admitted at the same time that, practised by men of culture in a broad and scientific spirit, specialism was productive of good. The importance of the study of pathology was then demonstrated by reference to enlargement of bone and to aneurism. The clinical value of pathological knowledge was illustrated by reference to struma and scrofula, so called. In conclusion, the President dwelt upon the friendliness and charity which had always characterised the Society.

Mr. J. F. CLARKE asked, as the oldest Fellow present, to be allowed to remark upon the unprecedented occurrence of father and son having occupied the presidential chair. He almost thought he heard "more than echoes run along the wall."

Mr. MAUNDER exhibited a portion of the Temporal Bone taken from a child nine years of age, who had had measles some time ago and otorrhœa ever since. Attacks of pain, giddiness, and vomiting occurred from time to time, but at last to these symptoms was added coma, and the child died. At the post-mortem an abscess in the cerebellum was found. Mr. Maunder inquired whether any Fellow could suggest treatment in such cases, and especially whether the incision of the tympanum was admissible.

Dr. SANSOM mentioned a corresponding case which appeared to have followed a blow. The eyeballs were protruded. Dr. Sansom thought at first it was cerebritis with abscess. At the autopsy the brain was found entirely free from disease, but there was pus along the orbital nerve and in the orbit. There was also pus between the periosteum and the body of the sphenoid; there was no disease in the temporal bone.

Mr. WREDEN COOKE remarked on the frequency with which otorrhœa followed measles, scrofula, &c., and referred to Mr. Gay's proposition to trephine the mastoid cells in cases of abscess of the brain.

Mr. GAY, dwelling on the fatality of cases of the kind, insisted on the propriety of trephining the mastoid cells when symptoms of cerebral abscess arise. He related an illustrative case, and pointed out that in one part of the meatus the lamina is very thin, and may readily be punctured to give vent to pus.

Mr. HINTON thought Mr. Gay's proposition one requiring serious consideration, especially seeing that the primary seat of lesion giving rise to cerebral abscess was in the ear, according to prevalent views.

Dr. ALLEN dissented from Mr. Gay's views that abscess of

the cerebellum was common in disease of the petrous portion of the temporal bone, and thought that in three cases out of four it was in the middle lobe. He agreed that perforation of the tympanum should be resorted to when there was evidence of pus in the cavity of the tympanum.

After some remarks by Mr. W. B. Dalby and Mr. Pennefather,

Mr. GAY explained that his remarks had reference to primary abscess of the cerebellum in which otorrhœa subsequently came on.

The PRESIDENT then opened a discussion on the Treatment of Aneurism, and showed a laminated clot which had been figured for many years in the case of Mr. Key, and some other specimens and drawings. He mentioned a case of aneurism of coeliac axis, which was treated by compression of the efferent vessel—viz., aorta—just above the bifurcation, in which a good result as regards lamination was obtained; but the patient died from peritonitis caused by pressure. The question of temporary pressure of the efferent arteries was introduced, and the President thought it might be valuable. Forced flexion was sometimes objectionable on account of the great pain which it caused. M. Liegois's statistics of the treatment of popliteal aneurism by flexion were given. A cure by flexion was obtainable only in one-fourth of these cases. In some cases treatment by flexion was unsuccessful. What were these cases? We must seek this knowledge through pathological investigation. The President thought such cases were probably of traumatic origin, either discoverable or not, or of rapidly forming aneurism. The success of practice at Guy's Hospital was, in ligature, 1 death in 24 cases; in pressure, out of 17 cases, 11 were successful, and 6 failed, and were treated by ligature. The mode of treatment, he thought, was to aim at getting a clot, not necessarily a laminated clot, but a clot; and, therefore, the interruption of the current must be complete. Digital pressure was undoubtedly the best, though difficult to obtain. Failing that, elastic mechanical pressure was to be resorted to.

Mr. HENRY SMITH remembered the introduction of the treatment of aneurism by pressure, but thought that the conclusion now arrived at was that, although treatment by pressure on the afferent side of a vessel was successful, the plan of ligating was more freely resorted to, and more generally fortunate. As regards pressure on the efferent side of a vessel, Mr. Smith differed from the conclusion arrived at by the President. He commended the plan of digital pressure as valuable when it can be obtained.

Mr. GAY thought that, on the whole, few plans of treatment excelled the old-fashioned one of treatment by ligature. With reference to pressure on the efferent vessel, Mr. Gay thought it often equally efficacious with pressure on the afferent; pressure on the efferent side of a large vessel was most likely to succeed.

Mr. DE MÉRIC thought that milder means should always be resorted to at first. He agreed with the plan of intermittent but complete pressure advocated by the President. He expected to have heard something about the treatment of aneurism by electricity. He wished also to know the President's opinion as to the treatment of aneurism by emptying the sac and tying both ends of the vessel.

Mr. MAUNDER mentioned a case in which he successfully employed digital pressure for popliteal aneurism by pressing both thumbs over the head of the femur.

At this point the discussion was adjourned until Monday, the 18th inst.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 19TH, 1872.

MR. JOHN HILTON, F.R.S., PRESIDENT, IN THE CHAIR.

MR. SEBASTIAN WILKINSON exhibited a child suffering from an Extension of the Conjunctival Membrane over the front of the eye. It was congenital. When first seen, three weeks after birth, both eyes were covered with a thick, opaque, vascular membrane, decreasing in thickness from the outer to the inner canthus. A portion removed and examined microscopically showed the normal conjunctival tissue thickened. Mr. Wilkinson also exhibited a man suffering from Pterygium of the Right Eye. This case was noteworthy from its quick growth. It had come within fourteen days.

Mr. J. HUTCHINSON showed a Meningocele, the size of a large orange, removed from the back of the head of a child ten months old. It had a distinct pedicle, and did not appear to communicate with the inner part of the skull. Though he objected strongly to remove such growths, from the fatality attending such an operation, yet, yielding to the wishes of the friends, he had done so by cutting through the pedicle. There was no communication with the brain, and the child recovered.

Mr. HULKE, in confirmation of Mr. Hutchinson's statement as to the undesirability of interfering in such cases, mentioned the following:—A child was brought to Mr. Shaw with a meningocele at the root of the nose. He refused to operate; and the friends, disregarding his opinion, took the child to another surgeon, who removed the growth, and the child died. In a second case, where a cyst was situated at the nape of the neck, there appeared to be no communication with the inner part of the skull. On this assumption it was dissected out, and was found to communicate with the spinal cord. The child died from meningitis.

Mr. T. SMITH said that a child was brought to him from the country with a ligature round a meningocele, partly cutting through it. He suggested that the ligature should be tightened, or another applied. It was done, and the child died in a few days.

The PRESIDENT mentioned three cases he had seen, and which, on dissection, were found to communicate with the interior of the brain.

Mr. HULKE said that Professor Billroth described a case in which iodine was injected, the first time with no bad result. After the second injection the child died from meningitis.

Mr. J. HUTCHINSON then showed a number of Joints from a patient who had suffered for three or four years from chronic Rheumatic Arthritis. All the joints were affected, and the smaller ones of the hand grated on moving them. This man had had repeated exacerbations resembling attacks of gout. A few months ago the right knee suddenly inflamed. After a time, pus appeared in the joint. As the limb was useless, it was amputated above the knee. The joint was disorganised; no eburnation; the ankle-joint presented no signs of inflammation, but cartilage thinned; no ulceration; parts much congested; every joint of lower extremity similarly affected; there was firm fibrous anchylosis in some of the smaller joints. He was a steady and abstemious man. Three brothers are similarly affected; one has many joints affected, and several crepitate. Three sisters suffer from rheumatic pains, but no joints are involved. The father and grandfather were free. A second set of joints similarly affected were then shown, from a man aged sixty-one, brought into the dissecting-room. All the joints crepitated; the fingers of the right hand much contracted; the hip-joint was least affected; cartilage just beginning to be diseased. The change in these joints differed considerably from that described by Mr. Adams of Dublin.

Mr. CROFT asked if the urine had been examined.

Mr. HUTCHINSON said that in the first case it was done repeatedly, and lithates were in great excess.

Mr. W. ADAMS asked if pus was found in the knee-joint, because Mr. Adams of Dublin said no pus was found, and there was no anchylosis. Mr. Hutchinson's cases were peculiar in not presenting any indication of the ordinary form of rheumatic arthritis—i. e., no enlargement or nodulation of the joint, and no eburnation. He had seen cases without fibrous outgrowths, and then they generally anchylosed. Did Mr. Hutchinson think that these would end in fibrous anchylosis?

Mr. HUTCHINSON said pus was found in the joint, and that Mr. Adams would agree with him that occasionally the cases described by Mr. Adams of Dublin went on to suppuration and anchylosis. In reply to Mr. Davy, he said that the joints between the vertebræ had not yet been examined.

Mr. DURHAM exhibited an Hydatid Cyst removed from the thigh of a female aged forty-one. Six years ago she noticed a small movable tumour on the front and inner part of the thigh. It increased and became fixed, and was treated with iodine. It extended from one inch below the superior anterior spinous process to the inner part of the thigh, and from Poupart's ligament four inches down the thigh. It was very hard. There were two minute openings, and a tiny piece of membrane projected; it was seen to be part

of the wall of an hydatid cyst; and the woman then said that several bladder-like bodies had been squeezed out. It was laid open and dissected away. Its walls were adherent to the fascia over the adductor longus muscle, and connected with the sheath of the vessels and anterior crural nerve.

Mr. COOPER FORSTER showed two Tumours of the Breast removed from two women aged fifty-four and fifty-eight respectively. They were supposed to be malignant. In neither case were the glands in the axilla enlarged, nor was the skin implicated. One looked like colloid cancer, the other like a sarcomatous tumour. They were referred to the Morbid Growths Committee for examination.

In answer to the President, Mr. Forster said that in one the breast had never been used; the nipple was absent.

Mr. SAUNDERS exhibited for Mr. Anderson a Recurrent Tumour of the Breast, first removed twenty-eight years ago; supposed to be a sarcoma. It had recurred twice since, and now it presented the appearance of cancer. It was referred to the Morbid Growths Committee.

Dr. WHIPHAM showed a Kidney with a number of small tumours on it from a patient who had died from bronchitis. They were supposed to be ecchymoses under the capsule; on examination, however, there was found a cell growth, resembling lymphadenoma.

Mr. ARNOTT showed some microscopical specimens of a Tongue congenitally hypertrophied. A child was brought to him in January, fourteen months old. The tongue was swollen, protruded half an inch, about one inch across, and as thick as broad; it could never be retracted. Lately it had bled, and the size lessened. Mr. Simon removed two portions with the écraseur; the child died of tubular pneumonia. Referring to the nature of the enlargement, he said that in many cases there was no muscular hypertrophy, but it was due to one or more of the following conditions—an enlargement of the vessels of a nævoid character, a cell proliferation, or an increase in the size of the lymphatics and lymph spaces. In this case all the three were present.

Mr. FAIRLIE CLARKE then showed a portion of a Tongue which he had removed from an infant four months old, suffering from congenital hypertrophy of the organ. Strapping with isinglass plaster had been tried without success. The écraseur was used; the bleeding was very free, and was stopped by ligature. The child recovered; it could take the breast before removal. Microscopical examination showed all the structures hypertrophied, the muscular tissue coarse.

Dr. CAYLEY said he had examined the specimen. The coats of the vessels and the connective tissue around them were thickened; the structures were hypertrophied.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 6TH, 1872.

DR. BRAXTON HICKS, F.R.S., PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—George Bland, L.R.C.P. Lond. (Macclesfield); Alex. Fergusson, F.R.C.S. Edin. (Peebles); Albert Kisch, M.R.C.S.; W. H. Mondelet, M.D.; and George Rigden, M.R.C.S. (Canterbury).

Dr. HEYWOOD SMITH exhibited a preparation consisting of a Fœtus at about the fourth month completely enclosed in a perfect sac, through the wall of which, at about an inch and a half from its abdominal attachment, the cord passed to the placenta, which was separate, and had the remains of the membranes as usual at its edge. The specimen was interesting in reference to the subject of "false waters" indicating a separate fluid-containing cavity external to the amnion.

Dr. HEYWOOD SMITH exhibited the Uterus of a patient who had died four days after delivery of a fœtus at about five months and a half of secondary post-partum hæmorrhage, the cervix uteri having been the subject of cancer. A growth about the size of a small orange was found growing from the anterior lip of the cervix uteri; the posterior lip was small, but not entirely free from induration. The os uteri was slowly dilated under chloroform, one foot brought down, and the child born alive. In the delivery of the head the carcinomatous mass was protruded from the vulva, and, as was thought best, Dr. Heywood Smith removed it with the écraseur. The uterus contracted well, but hæmorrhage occurred on the third day and again on the fourth, and she never rallied after this. The case opened up a point for discussion: which was the better practice, to induce premature labour, or to allow the pregnancy to advance to the full time, and, if the disease precluded delivery per vias naturales, to perform the Cæsarean section?

Dr. PHILLIPS said that each case must be judged of on its own merits, but, upon the whole, he thought the former line of practice the better one. He referred to two cases, in which, notwithstanding considerable malignant infiltration of the cervix uteri, very slow dilatation by the elastic bags enabled delivery to be accomplished with a successful issue to the mother as far as the labour was concerned.

Dr. HEYWOOD SMITH exhibited a new instrument, which he called "Angular Scissors." When they are straight they constitute a pair of scissors similar to those of Sims. They have, however, this advantage, that the small scissors can be bent at any angle with the handles up to nearly a right angle. To accomplish this it has been necessary to make on each leg of the scissors a complicated joint, consisting of three separate movements within the space of an inch and a half. The first of these is the ordinary pivot joint to connect the scissors with the handles; next comes the hinge joint, by which the scissors are bent at the required angle; then between the pivot joint and the handles is inserted a rotatory joint; one of the blades is prolonged into a director point in front of the other, which has a blunt end. Inasmuch as the scissors may be bent on either side, they will be found useful in dividing the cervix uteri in any position, both on the right and left side.

The PRESIDENT showed a large Fibro-cystic Tumour of the Uterus. Referred to a committee.

Dr. A. E. MARTIN, of Berlin, exhibited the Cephalotribe of Professor Martin, and presented it to the museum of the Society. The pelvic curve is greater than in the English patterns.

Dr. MARTIN then read an interesting account of the collection of Distorted Pelves at Berlin. The classification is based on the resulting deformity, and not on the cause producing it. A large number of photographs of these pelves were exhibited, and casts of several of them will soon be added to the collection of the Obstetrical Society. Dr. Martin then described pelvimetry as practised at Berlin.

Mr. THOMAS BRYANT read the particulars of a case of Fibro-cystic Disease of the Uterus and of both Ovaries, in which recovery followed the extirpation of the whole. The patient was twenty-six years of age and unmarried. Menstruation had always been profuse. Fluctuation existed in parts of the tumour. At the operation the broad ligaments were secured separately, and the uterus at its neck ligatured in halves. A strong clamp was also put on, and the tumour excised. Recovery was uninterrupted. The clamp sloughed off on the fourteenth day, and in another week all the parts were united. The tumour weighed 8¼ lb. Portions of the tumour had all the appearances of uterine myofibroma, while in other parts there were irregular cystic spaces in the same kind of tissue. The formation of the cysts was well shown to be due to fatty disintegration of the fibrous tissue, with accompanying œdema of certain patches. The ovaries showed the same kind of disease.

The discussion turned chiefly on the diagnosis of uterine from ovarian tumours.

Dr. BANTOCK advocated the use of the sound as a great help in diagnosis.

The PRESIDENT remarked that the sound was not always to be relied upon. In one case the patient was put under chloroform to explore the uterus. The sound passed the normal length. The tumour, however, proved to be uterine, and it was found that the uterine cavity was greatly lengthened, but that the pressure of part of the tumour had caused adhesion of the uterine walls, above which there was a cavity containing retained menses.

Mr. SPENCER WELLS had also found the uterine cavity of normal length in some cases of large fibroids, and in other cases such distortion that a metal sound could not be passed, although an elastic bougie would sometimes follow a tortuous canal. He had seen the uterine cavity elongated to seven inches by adhesion to an ovarian cyst. In many

cases complete diagnosis was impossible without exploratory puncture or incision. He had only removed the enlarged uterus and both ovaries once, but he had removed very large fibroid outgrowths from the uterus with more or less of the part of the uterus with which they were connected alone, or with one ovary attached. One case was completely successful. In another case the patient was almost well, when, more than a month after operation, pyæmic pneumonia proved fatal, the cause having been an abscess in the abdominal wall, while the intra-peritoneal conditions were quite satisfactory. He hardly understood why these operations were not as successful as ovariotomy, and hoped that when the details of the different proceedings were better learnt, success would increase.

DR. BANTOCK read a paper on the use of the Sponge Tent in the treatment of certain forms of uterine hæmorrhage and menorrhagia, with special reference to the occurrence of uterine hæmorrhage in women residing in tropical climates. After briefly referring to the manufacture of sponge tents, which he said should be made without mucilage and of a certain quality of sponge, the author gave details of three cases in which after all the usual hæmostatic remedies had been tried in vain, the sponge tent effected a cure. He then entered at some length into the pathology, combating the accepted idea that in our countrywomen residing in tropical climates the menorrhagia is due to inflammatory action. He quoted Dr. Graily Hewitt and Dr. Tilt, who support this view. He pointed out the absence of all the usual signs and symptoms of inflammation, and contrasted these, as described by Hewitt and by Scanzoni, with the characteristics of the cases detailed. He expressed the opinion that the condition was essentially one of relaxation, that the muscular tissue lost its tone, and allowed congestions to take place. In the cases which he had seen the uterus wanted that firmness which characterised its healthy state, and the mucous membrane covering the os uteri was often so redundant as to seem as if loosened in its submucous connexion. The action of the sponge tent was described as being probably mechanical and vital; mechanical by compression of over-distended veins and removal of redundant epithelium, and vital by exciting increased muscular action and restoring tone generally. The author referred to the works of Sir James Simpson and Marion Sims, quoting from them instances in which the sponge tent had proved its remedial powers, though accidentally. No mention of it as a means of cure was made by Hewitt or Tilt, and one of the principal objects of the paper was to rescue the instrument from its inferior position as an aid to diagnosis, and to raise it to the superior one as a remedial agent.

DR. TILT promised to give due attention to the criticism of the author when he had had a better opportunity of understanding them.

MR. SCOTT was unwilling that the discussion should pass without a word of warning on the use of sponge tents. He would not then enter into the question of their utility in the cases under consideration, but the possible occurrence of metro-peritonitis or cellulitis under their use should never be lost sight of.

DR. AVELING said that hyperæmia of the uterus was an abnormal state well understood and frequently noticed by writers. It had been described by him at some length in a paper "On the value of Arsenic in Menorrhagia and Leucorrhœa," read before the British Medical Association. He had found arsenic of the greatest service in the treatment of this hyperæmic condition of the uterus, and he would recommend its trial before having recourse to tents, the use of which he and others had known to be followed by a fatal result.

THE ROYAL SOCIETY.

ON Thursday, the 29th of February, Dr. Crace Calvert, F.R.S., read a paper "On the Relative Power of Thirty-four Substances to prevent the Development of Protoplasmic and Fungus Life, and in arresting Putrefaction." The substances under examination were classed under the following heads: acids, alkalies, chlorine, sulphur, phosphates, tar, sulpho-carbolates, and miscellaneous. By experiments extending over many months it was ascertained that the acids, among which are named nitric and sulphuric acid, retard vibrionic life, while they allow fungi to appear soon. In the alkali group there is no prevention of vibrionic life, although in the case of lime its development took thirty, and in the case of soda twenty-three, days. Among the combinations of chlorine fungi appear late, vibrios not at all, at least not within eighty days. The author mentioned that Dr. Duvergie, Inspecteur-Général des Cimitières de la France, prefers, for the purpose of preserving corpses for inspection, letting water trickle on them constantly, to using bleaching powder, which, in his estimation, only accelerates putrefaction. None of the constituents of the sulphur group prevent fungous or vibrionic life. The same with phosphates. In turpentine vibrios appeared after forty and fungi after forty-two days. In sulphate of quinine vibrios appeared after twenty-six days, but no fungi during the entire period of the experiments. The author, in connexion with this fact, called attention to the theory of the fungus developed in the blood in the case of intermittent fevers. On the whole, it was found that, in accordance with these experiments, the thirty-four substances can be grouped as follows:—1. Those which prevent the generation of fungi and vibrios—viz., cresylic and carbolic acid. 2. Those which prevent the development of vibrios, but not that of fungi; such are bichloride of mercury, chloride of zinc, &c. 3. Those which prevent fungi, but not vibrios, to develop — viz., sulphate of quinine, pepper, &c. 4. Those which prevent neither the one nor the other. From his experiments as to the power of destroying microscopic life by the addition of these substances, Dr. Calvert found none thoroughly efficient.

Reviews and Notices of Books.

Leçons de Pathologie Experimentale. Par M. CLAUDE BERNARD. pp. 604. London: Baillière. 1872.

THESE lectures, M. Claude Bernard informs us, are a retranslation into French of those that appeared in a contemporary in the year 1860. They contain what may be termed the "principles" of experimental medicine and pathology, as opposed to operative physiology, or the description of the mode in which the various operations should be performed. This latter subject M. Bernard has resumed after some years' absence from work in consequence of illness; and he intends to issue a work upon it very shortly. In the present volume he endeavours to show that pathology and physiology are not really separate when studied scientifically, and that it is not necessary to seek the explanation of disease in any forces or laws other than those which regulate the ordinary phenomena of life. He dwells on the fact that the nervous system is the most highly differentiated tissue in the body, and that which progressively increases in complexity with the development, both general and particular, of the organism; and he proceeds to point out the close relations that exist between almost all kinds of disease and the nervous system, diseases becoming more numerous and complicated in proportion as this system becomes more developed, whilst almost all morbid states, both of the solids and of the liquids of the body, can be induced by irritation or lesion of the nerves, a few only—as the eruptive and exanthematous fevers—requiring a special poison for their production. He treats of idiosyncrasies, and shows that they may be created artificially by section of certain divisions of the sympathetic, so that under exposure to the same cause of disease (cold), in one animal pleurisy, in another pneumonia, and in a third enteritis, may be produced according to the part of the sympathetic injured; whence he argues that all idiosyncrasies are but the expressions of ordinary physiological laws. He then takes up the question of rational therapeutics as opposed to the expectant plan of treatment; and, in espousing the former, mentions various instances where the action can be, to some extent at least, explained upon known laws.

M. Bernard gives, with all his accustomed eloquence, his ideas upon the nature of the properties of the nervous and muscular systems, upholding strongly Haller's views of the existence of a vis insita. Finally, he describes, in full detail, the functions of the sympathetic nerve system, comprising its action on the vessels, on the composition of the blood, on animal heat, and on absorption. The last nine lectures have been more recently delivered, from 1864–70, and treat of experimental pathology. In them he points out the immense value of this kind and mode of research, the necessity for the construction of special physiological laboratories (like those of Kühne at Amsterdam, and Ludwig at Leipzig) wherever physiology is taught, in order that theory and practice may go hand in hand. Referring to the absurd scruples of the antivivisectionists, he points out the necessity that exists for the daily slaughter of a large number of the lower animals, and gives the following anecdote in a note:—"In one of his campaigns the Duke of Burgundy, son of the Grand Dauphin, wrote to Fénélon to ask whether he might encamp his army under the walls of a nunnery, as, however objectionable in point of morality, the position was peculiarly advantageous for the prosecution of the war. Fénélon promptly replied, 'Burn the nunnery, but gain the battle.' Now, Fénélon was certainly not a man of lax morals, nor a man of antichristian spirit, nor a violent character; but he recognised that war has its necessities, which must be obeyed if success is to be obtained. Physiology, too, has its necessities, and these must be submitted to, or all progress must be renounced."

Zymotic Diseases; their Correlation and Causation. By A. WOLFF, F.R.C.S. London: J. & A. Churchill.

WE had occasion to draw special attention to the pamphlet on the Correlation of Zymotic Diseases published last year, and the book before us is an exceedingly interesting extension of the same subject. Mr. Wolff altogether disbelieves the ordinary zymotic pathology, and the object of the book is to show that the origin of these diseases can be accounted for, and the phenomena exhibited during their course explained, without assuming the existence of entities called morbid poisons,—to show that in every stage they are governed by the same laws which regulate other organic processes, healthy and diseased; in short, that the genesis, course, and distribution of zymotic diseases form no exception to the great natural laws which govern growth and regulate decay.

Now it can scarcely be expected that an author should be able to upset at once theories which have for ages past formed a prominent feature of medical belief. We are all so thoroughly convinced of the specific character of small-pox, measles, and the other zymotics, that Mr. Wolff must not expect our ideas concerning them to yield to what is at present little more than an ingenious bringing together of some interesting facts which have not been studied in relation to the question. But his statements must inevitably command attention. They will set people thinking upon the subject. It may be that physicians have been too exclusively occupied with diagnosis, and that the questions of likeness have been too much ignored. At all events Mr. Wolff has offered for our consideration a new subject of pathological inquiry, having an important bearing on the treatment of zymotic disease, and it is only fair to him that we should divest ourselves of all prejudice whilst hearing what he has to say.

First of all he calls attention to the fact that disease is a disturbance of the harmony between the destructive and assimilative processes by which the normal integrity of the tissues is maintained. In all forms of zymotic disease we have disintegration of tissues and not the production of any abnormal structure. This disintegration is invariably of an inflammatory nature; excited it may be in one tissue, and extending to others according to well-known laws. The various processes of inflammation are, in fact, different stages of disintegration of tissue tending towards death, and are so described by Sanderson, Simon, Magendie, and other authorities.

In zymotic diseases the blood itself is primarily affected; and when the action of disintegration is violent the symptoms are the same, whether the exciting cause be what we call the contagion of typhus, small-pox, or other zymotic disease; even cholera itself may kill before the occurrence of any local action. The disintegrating action being once set up, the effect, varying in accordance with the different structures primarily affected, resolves itself into a uniform process of structural irritation, structural inflammation, and structural death. Even in small-pox the phenomena exhibited by the skin differ in no manner from those which arise from ordinary inflammation leading to suppuration. The pustules produced by the application of tartarised antimony or croton oil cannot be distinguished from those of small-pox; whilst, on the other hand, it matters little to what septic influence puerperal women are subjected, for mal-influence is translated into that form of inflammation which commences in the uterus and extends to the peritoneum and other structures.

Mr. Wolff has a most interesting chapter on the immunity from future attacks, which, he remarks, is not peculiar to zymotic diseases. It is in accordance with a well-known physiological law that all influences lose their effect by repetition. The habits of smoking, drinking, and opium-eating are acquired; and whilst Sir James Paget was constantly exposed to the contact of dead matter he enjoyed immunity from its ill effects. Persons engaged in filthy trades, and those who have recently had small-pox, escape the cholera. Punctured thoracic wounds are liable to put on destructive inflammation, but this rarely follows the operation of paracentesis thoracis in cases of chronic pleurisy. The peritoneum in cases of adherent ovary will bear an amount of exposure and manipulation which would be fatal in a serous sac whose integrity was unimpaired.

The second part of Mr. Wolff's treatise is devoted to the etiology of zymotic diseases. He combats the zymotic and germ theories, and endeavours to explain the phenomena by the simple physical law of the communicability of molecular motion. He traces the origin of these diseases to decaying organic matter, and attributes the general disbelief of the independent origin of small-pox to the absence of any very accurate observations. He quotes some reports to show that the average mortality from zymotic diseases does not vary greatly, and that scarlatina may be replaced by small-pox. He gives some interesting examples of the different effect produced on different persons by exposure to the same contagion; and contends that the action implied by the word is not confined to zymotic diseases; in fact, that the processes of growth and repair are influenced by it quite as much as the actions of disease. In conclusion, we recommend this most important *brochure* to the calm consideration of the profession. It suggests a wide field of fresh investigation which cannot fail to enlarge our views concerning that important class of diseases to which it especially relates.

Guy's Hospital Reports. Edited by G. HILTON FAGGE, M.D., and ARTHUR E. DURHAM. Third Series. Vol. XVII. London: J. & A. Churchill. 1872.

THE present volume of these well-known Reports is a very good one. Mr. Alfred Poland contributes another portion of his exhaustive Report on the Treatment of

Subclavian Aneurism. Mr. Bryant furnishes a practical paper on Skin-grafting. Mr. Bader continues his excellent series of articles on the Ophthalmoscopic Appearances of the Human Eye, illustrated by some very faithful and beautifully-executed drawings. Mr. J. Cooper Forster contributes some clinical records; Drs. Habershon, Hilton Fagge, and Owen Rees some clinical cases and observations; Dr. Stevenson some toxicological cases and laboratory notes; and Dr. Wilks, besides narrating an interesting case of hæmatidrosis, or bloody sweat, complicating tetanus, furnishes a particularly thoughtful and instructive paper on Cases of Disease of the Nervous System, with remarks. The account of the recent additions made to the hospital buildings, by Dr. J. C. Steele, is also well worth reading by those who are interested in the construction, ventilation, warming, and administration of hospital wards.

Foreign Gleanings.

THREE CASES OF TRAUMATIC TETANUS CURED BY CHLORAL AND WARM BATHS.

DR. G. LAVO publishes these three cases in *Annali di Med.* (February, 1872). They were observed almost at the same time at the Hospital of Brescia, and had a very favourable issue.

The first case was a man of twenty-six, who met with lacerated and contused wounds of the scalp. The lesser ones healed in a few days, and the more extensive wounds in a fortnight. At that period difficulty of deglutition occurred, and soon the tetanic symptoms made their appearance. Chloral was first given by the mouth, and warm baths (99° to 100° Fahr.) repeated night and morning. Hypodermic injections of the same substance were soon had recourse to, and the chloral was alternated with laudanum, the warm baths being regularly and daily persevered in. On the thirteenth day the improvement was considerable, and after the application of a few leeches to the anal region, the patient was discharged in excellent condition. He had taken about eight ounces of chloral, and used twenty-five baths.

The second patient was twenty-one years old, and showed symptoms of tetanus a fortnight after a contused and lacerated wound of the foot. Woorara was first used at the patient's residence, but failed; and he was received in hospital fifty days after the infliction of the wound, and thirty-five after the first appearance of the tetanic symptoms. Ordered ninety grains of chloral, and a hot bath. These means were continued for a fortnight, with an occasional enema; and the patient was discharged cured after having taken some ferruginous cod-liver oil. He had taken altogether about six ounces of chloral and used fifteen baths.

The third patient was a man of forty-two, who met, by the falling of a stone, with a contused and lacerated wound of the foot. The tetanic symptoms appeared twenty-five days afterwards, and the man being removed to the hospital the same treatment was adopted which had proved so beneficial in the first two cases. In this instance, however, hypodermic injection of seven grains of chloral was used concurrently with the internal administration of the same. In about thirteen days the improvement was manifest, and the patient, who had seen the recovery and exit of his two companions in misfortune, could be kept in hospital no longer, and furtively left the institution.*

SUDDEN DEATH: DOUBTFUL CASE.

M. Trélat, of Paris, extirpated, a short time ago, a glandular tumour, of large dimensions, situated under the lower jaw, from a strong healthy man of thirty-two. This operation proved long and tedious, but succeeded perfectly. The wound was nearly healed, when, by the side of it, a small kernel was noticed occupying a space not larger than a shilling. The surgeon thought it prudent to remove it at once. On the 19th of December last the patient was brought into the operating theatre. Chloroform inhalations were, as on the first occasion, followed by rather violent excitement, which was succeeded, as usual with him, by complete resolution. He breathed three or four times with some stertor, and then quietly. M. Trélat thereupon made along the tumour an incision of about one inch; from the divided parts a little venous blood issued. At this moment the patient suddenly turned pale, and his countenance became cadaverous; pulse and respiration stopped. All the means used in such circumstances were at once resorted to. Electricity excited two feeble inspirations, accompanied by a faint blush on the face, and life became definitively extinct. The exertions were carried on for a whole hour.

At the examination of the body twenty-four hours after death, a small subcutaneous vein, an afferent branch of the jugular, was found to have been wounded and incompletely divided. This vessel, as also the jugular, were filled with black blood, divided in small columns by numerous interposed bubbles of air. The heart was opened under water, and a notable amount of air was found in the right cavities, whilst none was noticed on the left side. There was air likewise in the cardiac veins, but none in the rest of the venous system, which was carefully examined. The gases were unfortunately not analysed; but it was observed they were not ill-smelling, that they did not extinguish flame, that they did not burn when ignited, and that they were in all respects analogous to atmospheric air. The body presented no signs of putrefaction.

M. Trélat thinks that the fatal issue is owing both to chloroform and the introduction of air into the veins. M. Perrin (the case was brought before the Surgical Society of Paris on Feb. 21st, 1872) thought chloroform was the principal cause. M. Le Fort throws all the blame on the air, as he had a similar death in a case of tracheotomy. M. Giraldès had seen three cases of the kind; air was found, not only in the heart and venæ cavæ, but also in the pulmonary veins and the subpleural cellular tissue. He also quoted a case of the late M. Roux, where a man, inhaling chloroform for tetanic symptoms, died suddenly. Much air was found in the venæ cavæ. He thought that both chloroform and the penetration of air had a share in the death of M. Trélat's patient. M. Sée rejected the latter cause altogether. M. Panas justly observed that in ordinary autopsies air is often found in the cardiac cavities. M. Depaul ascribed the mischief to the air. And M. Trélat, in answering, alluded to the uncertainty of opinion still existing as to cases of this nature, and thought he might, though not absolutely, adhere to his first view—viz., that death had been caused both by the inhalation of chloroform and the introduction of air into the veins.

PERFECT OCCLUSION.

M. Cousin states, in the *Bull. de Thér.* (Jan. 15th, 1872), that to obtain such occlusion a thin sheet of gutta-percha should be used. Cut it twice the size of the surface to be occluded, and, with a camel's-hair brush, apply along the margins, to the width of about half-an-inch, some chloroform, and place the sheet immediately on the skin. Energetic adhesion at once takes place, and all the irregularities of the skin are moulded on the gutta-percha.

* See, for an analogous case, THE LANCET, September 24th, 1870.

New Inventions.

DR. HUTTON'S PORTABLE PERIMETER.

WE have received from Dr. G. E. Hutton, of Boston, U.S., an ingenious pocket contrivance for measuring the field of vision. It consists of a circular metal disc, about three inches in diameter, having a strap attached to its centre by a pivot, on which it turns freely. The strap is graduated to sixty centimetres. The disc is to be held before the eye examined, which fixes its centre; and the observer's hand is then carried along the strap, in any required direction, until the limit of vision is reached. The instrument has the fault of making the fixing point, instead of the blind spot, the centre of the field, thus resembling the old black board; and the observer's hand is too large an object for fine testing. On the whole, we do not see that the contrivance is a great advance on using the surgeon's eye as a fixing point, and his hand alone, without the strap, as the moving object. Messrs. Weiss are the inventor's London agents.

THE LANCET.

LONDON: SATURDAY, MARCH 30, 1872.

THE medical examining bodies of the country have apparently one more chance given to them of retaining among themselves collectively the licensing power. As we announced last week, Mr. FORSTER intimated, in answer to Mr. LUSH, that, understanding that the English bodies had nearly succeeded in instituting a Conjoint Board for England, the Government would content itself for the present with watching the action of the Scotch and Irish bodies in regard to this question. It would require a stretch of imagination of which we are not capable to think that either Lord RIPON or Mr. FORSTER had spent half an hour this session, or in the interval of the sessions, in considering the evils of our examining system, or in considering the remedies that have been suggested. In the autumn Mr. FORSTER'S own educational measure was meeting with too much attention, and, we think, too much abuse from adverse critics, for him to have the inclination or the time to study a technical question like that of the best system of medical examination. The Marquis of RIPON has had even less leisure than Mr. FORSTER. Since his attempt to pass a Medical Reform Bill, he has been occupied with a diplomatic question of the first importance. And between the intrinsic difficulty of the question on the one hand, and the distracting effect of public criticism as to the action of the negotiators on the other, he must have been entirely preoccupied. Both of these statesmen, therefore, must have been only too glad of an excuse for declining to touch the question of the Amendment of the Medical Act this year. And the excuse was not implausible that, as the English bodies had nearly succeeded in forming a Conjoint Board, and there was a probability that the Scotch and Irish bodies would succeed in the course of this year, the Government would content itself for the present with watching the action of the bodies themselves. It is one of the disadvantages of our mode of government to have no men of special knowledge or with special leisure for carrying through a piece of legislation such as is required for the amendment of the Medical Act. The consequence is that it is postponed as long as it possibly can be postponed; and that when it is attempted the attempt excites almost universal disappointment, and has to be abandoned for an indefinite period. No wonder that the licensing bodies of Scotland and Ireland feel little urgency in the matter. They may rely with too much confidence on the unwillingness of the Government to deal thoroughly, or even to deal at all, with such questions. Meantime the great work of medical examinations is carried on by nineteen bodies whose interests are most various and whose examinations are as varied as their interests.

It is only fair that we should state, for the guidance of the Government, that the success of the English bodies, though considerably creditable to their public spirit, is so far incomplete as not to include the Apothecaries' Company and the University of London. The former is still a popular examining body, and its licence will entitle the possessor of it to a place on the Register, though involving no qualification in Surgery. Moreover, an essential part of the scheme of the English bodies is that the cost of the diploma shall be £30. There are two objections to this so grave that they can scarcely help proving fatal. The first is, that so large a sum amounts to a serious tax in perpetuity on the profession for a purpose principally public. Medical men are examined for the satisfaction of the public, and it is monstrous that the heavy tax of £30 should have to be paid for mere examination at this time, when medical education is itself becoming increasingly arduous and expensive. The second weighty objection is, that the several Scotch and Irish bodies, to say nothing of the Apothecaries' Company, examine much more cheaply; the Scotch bodies, in a conjoint way, do so for half the sum proposed to be charged by the English board. So that, unless the English bodies expect the sister boards to raise their examining fees merely for the purpose of uniformity, there will be a great disparity of cost in the diplomas, which will of course result in a preference for the cheaper boards and other evils.

Nevertheless, another, and surely a final, opportunity is given to the bodies to create Conjoint Boards for each division of the kingdom. They cannot complain of want of patience on the part of the Government. Rather, the public might charge the Government with apathy in a matter deeply affecting its interests. But if the July meeting of the Council shows no better success than the recent meeting, the time for delay will have passed away. In our opinion, the time for any attempts to construct boards out of existing bodies will have gone by; and it will be the duty of the Government, in view of the failure of the bodies in whom they have trusted so much, to create one or three boards entirely independent of the existing bodies, and on some such plan as that suggested in THE LANCET Bill of 1871, which remains confessedly the most sensible and simple suggestion yet made on this important question.

AMONGST medico-psychologists Professor MEYNERT, of Vienna, takes a high position for his researches into paralytic insanity, to the differential diagnosis of which he has recently made important contributions. In a paper read the other day before the Kaiserliche Gesellschaft der Aerzte in Wien, he has laid medico-psychology under still further obligations. His thesis was "The Primary Forms of Insanity"—melancholia and mania; and, in contrasting the two, he placed the former, both as to its genesis and its conditions, in a light which to our readers will be as novel as it is instructive.

GUISLAIN, followed by GRIESINGER, and thereafter by SPIELMANN and LEIDESDORF, added considerably to our knowledge of the subject when they referred melancholia to a psychical hyperæsthesia causing a psychical malaise. Of this hyperæsthesia, however, the only evidence adducible is that of an exalted susceptibility in the organs of special sense. MEYNERT, on the other hand, contends that the victim to melancholia is by no means abnormally sensitive

to light, sound, and other impressions of the kind. Psychical malaise, moreover, is not, in the first instance, a constant factor in melancholia. Melancholics describe themselves, on the contrary, as sunk in profound listlessness of mind. Just as little is the feeling of anxiety, which is absent in so many melancholics, the root of their malady; while their frequent exemption from the neuralgias is not less notorious.

Professor MEYNERT finds the most constant symptom of melancholia to be a distressing hindrance of the thought-current; a blunting of the feelings; an unusual retardation in the transit of motory impulses, in connexion with which the psychical malaise is often only secondary and not strictly morbid. Melancholics, moreover, often complain of distressing sensations, difficult to describe, in the head. Interception of the thought-current reaches its acme in *melancholia cum stupore*; while it is present in greater or less degree in all melancholics. In the absence of anatomical detail, this stupor, as the expression of a primary psychical ailment, should, if traced to its efficient causes, conduct us to the exact source of the melancholic state.

Suppose a young man of twenty-three, addicted to hard study and free living, who has lapsed into this *stupor*, to exhibit ossification of the coronal sutures: the result of this contraction of the cranial cavity at an age when the brain is still growing, and requiring therefore a functional hyperæmia, must be the conveyance of an insufficient supply of arterial blood to that organ. A brain so defectively nourished sinks into functional exhaustion, signalised by interception of the thought-current and lowered intensity in the cerebral operations. Quite similarly, Prof. MEYNERT has seen a student who had lapsed into *stupor* present the symptoms of congenital hydrocephalus; the pressure from within conditioning the disposition to *stupor* in this case, just as the contraction of the cranial cavity did in the former. In other instances atrophy, due to anæmia of the brain, has caused this *stupor*.

The phenomena of milder melancholic ailment are ultimately to be explained by the above-mentioned condition of exhaustion (milder of course in degree) with its sequelæ of lowered intensity in the cerebral operations and interception of the thought-current. From this interception, it is apparent why the melancholic becomes alienated from all that once was dear to him. The stimulus imparted to the retina and the brain by the sight of a strange object on the one hand, and that of a cherished one on the other, differs in this: that the manifold, every-day contact with the latter, under varying aspects and dispositions, sets agoing on the links of association a multitudinous series of memories, which, though not amounting to absolute reproduction, yet renders the recognition of the object a well-outlined impression, and, through the focalising of so many occurring traits, an equally intense one. It is this "intensity" which forms the essence of a thought-affection. Through the interception of the thinking-current, these auxiliary traits in the melancholic patient do not well up in equal quantity or intensity of realisation: he remains unimpressed (*affectlos*). One consequence of impressions weakened in intensity is seen in melancholics who, in spite of perception otherwise sound, maintain that they had no sense of visual or aural impression; that the objects around them no longer exist, or no longer exist in their former guise: statements frequent indeed, and quite incompatible with the hypothesis of hyperæsthesia—just as incompatible as the fact that melancholics in the hyperæmia of incipient eruptive fever sometimes attain to clearness and soundness of perception beyond their wont. The hyperæmia, in other words, which in the sane man causes an excess of irritability, brings up the melancholic only to the normal pitch of cerebral activity.

Besides this non-productive phase of melancholia, the malady develops, in limited compass, a thought-process frequently of intense and continuous character. Illusory ideas are the most frequent embodiment of this psychical operation—ideas led up to by that change in the psychical system which is due to the mechanism of causality in the brain being taken possession of. At the expense of auxiliary or side impressions, these illusory ideas or representations will often attain to an overmastering intensity. From these the collective energy stored up in the brain is subtracted in smaller proportion the greater the obstacles interposed by interception of the thought-current to collateral or modifying associations. According to FECHNER, the ideas or presentations confronting the light of attention are the only wakeful ones, the others being shrouded in partial sleep. So it is that in the brain of the melancholic this partial sleep obtains for the one-sided presentation unmodified sway. Within this narrow range of the one-sided intensity of the melancholic's brain the engrossing object of presentation assumes a vividness amounting to hallucination; just as in dreams the hallucination is coincident with the depression of the collateral energy of the brain—is favoured, in fact, by the torpor of side impressions during sleep.

On the motory side the interception of energy in the melancholic is obviously not an absolute one. It is often, of course, unable to affect the usual intensity of impressions; but that unusual intensity which resides in the narrowed circle of the thought-process of melancholia it will affect. The strong presentations, the illusions of melancholics, often lead to energetic acts related to the illusory idea.

The psychical malaise of melancholia (not to be confounded with the feeling of anxiety) is to be regarded as the subjective consciousness of the deranged nutrition due to those interceptions in the brain-processes—as another phase of the effects of exhaustion on the vital energy of the brain, and is to be taken in the sense of LOTZE, according to whom the melancholic's disinclination to effort depends on the conflict between outward impressions and the conditions of receptivity.

An instructive, purely psychological picture of the genesis of melancholia is afforded by nostalgia. As mountaineers become nostalgic even at home, and all mountaineers by no means become nostalgic abroad, so the victims to that form of melancholia must be regarded as men predisposed to the phenomena of brain-exhaustion and thought-interception. Transported to a new region, the weaving of new impressions with the images already stored up in the brain becomes too irksome to them; the slackened thought-flow, the lowered intensity of the newly-impressed images, lets

the picture of their old world define and strengthen itself with morbid vividness.

This conception of melancholia as an expression of an exhausted cerebration makes completely intelligible the agency of the causal forces of the malady. So also become explicable the effects of intellectual strain, of intense emotion, of exhausting excesses; and similarly, on the anatomical side, the connexion of the disease with atrophy of the brain, which, in melancholics whom Professor MEYNERT has examined post mortem, yields on the one hand an average weight, and on the other a proportion of hemisphere to the composition, of the brain inferior in both cases to those of maniacs. Moreover, we can understand the rare occurrence in melancholics of brain-hyperæmia post mortem, only nine per cent. of melancholics being found in this condition as against forty-seven per cent. of maniacs.

Professor MEYNERT enters a little into the subject of the arterial nutrition of the melancholic and of the maniacal state; and points out that, while in the former tuberculosis occurs in 55 per cent., in the latter it occurs in only 14 per cent. In conclusion, the Professor's definition of melancholia would be this: the melancholic state is an affection of the central organ, in which the impaired development of vital power and the intercepted continuity of the excitory processes are realised as psychical malaise, most frequently with engendered illusions limited in character, and often with the accompaniment of irritant phenomena, particularly that of the feeling of anxiety.

THERE are two essentials in the inauguration of a really effective sanitary reform: the first is a competent central authority; and the second a definite local one, upon which shall rest the duty of carrying out the law. With respect to the first, it appears to us scarcely sufficient that Mr. STANSFELD has the power of appointing an adequate sanitary staff, but that it is due to Parliament that he should explain his intentions specifically. Does he, for example, propose to assume the whole authority himself, or will he inaugurate a responsible Board of Health, which, somewhat in the fashion of that of 1848, should settle the principles of administration, so that the duties of the department would continue to work smoothly even if Mr. STANSFELD were removed? This for the medical profession is a question of the highest moment. We have so long deplored the absence of professional knowledge at the phantom Poor-law Board that it is only natural to look for great benefits from its amalgamation with the more active departments of the Local Government and Privy Council; and the first indications of that amalgamation being real and complete would be the announcement by Mr. STANSFELD that he is already advised by a Board composed of the most experienced members of the large and varied staff of which he is the controlling minister. Such a statement would give the public great confidence; for Mr. STANSFELD himself can have but a very superficial knowledge of sanitary requirements, and it is hopeless to expect that either the public or the medical profession will respect his orders unless they are known to be inspired by competent advisers. Moreover, he will find that the confidence generated by such names as SIMON and RAWLINSON will be of far more value than any compulsory powers which Parliament is likely to bestow. And on the subject of sanitary inspection it is extremely desirable that the Government should make a specific declaration as to its intentions with regard to the character of sanitary inspectors to be appointed to the supervision of the country in the future. As we have been indirectly challenged to define what is wanted, we may say that, as a preliminary, it will be necessary that there should be a thorough consolidation of the two medical departments of the Poor-law Board and Privy Council. That consolidation will involve some personal sacrifices on the part of both, the more so as they have hitherto worked in separate, and, occasionally, in divergent lines. Nevertheless, we think that it must be conceded that each medical inspector should have in his own district complete control over all things relating to the public health; indeed, one of the advantages we have repeatedly hoped for from this arrangement was the improvement in the status and treatment of the Poor-law medical service which must inevitably follow upon their assumption of sanitary functions and their supervision by the Privy Council staff.

It would be impossible to maintain any distinction between the Poor-law and sanitary services, and the inspector who has to do with the administration of nuisance removals, food and its adulteration, hospital arrangements for the sick, &c., must also supervise the administration of medical relief, the formation and conduct of Poor-law dispensaries, the erection of infectious wards in workhouses, and he must be required to visit and report upon sanitary arrangements of every sort within his district. Now we can easily conceive that there may be some difficulty in effecting this consolidation. The medical staff of the Privy Council have hitherto worked independently of any other department of the Government. They have studiously avoided the narrowness of view which has characterised the medical administration of the Poor Law, and we can readily imagine that the very weakness of the Poor-law Board on medical subjects is an obstacle to cordial co-operation on their part with their more liberal colleagues. But the difficulty must be met, and we must earnestly call on both sides to make some concessions, in order that medical science may exercise its just influence, and that Mr. STANSFELD may not be embarrassed by divergent opinions. As we have already indicated, Mr. STANSFELD will require the assistance of a really consultative board, upon which there shall be engineers, chemists, and lay administrators. This board should determine, under ministerial control, the respective duties of medical and lay inspectors, and divide the whole country into convenient districts for official management. There must be no want of harmony at this board, and with the present experienced chief at its head, there ought to be every guarantee that Mr. STANSFELD will be well advised.

IT is satisfactory to know that Mr. Gladstone, in reply to Sir Charles Adderley, in the House on Monday night, agreed to place the Public Health Bill first on the list of "Orders of the day" for the 4th of April, so that we may fairly expect that the second reading will be taken on that evening.

Medical Annotations.

"Ne quid nimis."

H.R.H. THE PRINCE OF WALES.

ACCORDING to one of our foreign contemporaries it would appear that H.R.H. the Prince of Wales, in the language of our American friends, has had a good time of it lately. After reaching Paris on Sunday, he was occupied with receiving visitors on the two following days, and attended the theatre on both evenings. On his arrival at Marseilles, after twenty hours' consecutive travelling, he went to the Gymnase Theatre; whilst at the Hôtel Gray et d'Albion he entertained the Prince and Princess Christian at dinner and luncheon; and, lastly, on arriving at Nice at 4 P.M. on Saturday, the Prince had no sooner dined than he went to the Opera, where he remained until the close of the performance. We have no desire to imitate the obsequious obtrusiveness of our own countrymen abroad, who have had the bad taste to dog the footsteps of the Royal convalescent. The nation desires to welcome his return to this country in sound and vigorous health; but we cannot avoid asking ourselves, if the sole object of the Prince in undertaking this foreign trip was to effect this restoration, whether it is quite wise, under the circumstances, to subject the vigorous constitution which His Royal Highness undoubtedly possesses to all this excitement and fatigue. As we recall the long and dangerous illness through which the Prince has so recently passed, we cannot avoid feeling a certain degree of anxiety lest he should overtax his powers. We hope that the freshness and zest of the enjoyments that form so pleasant a part of a convalescent's return to his ordinary pursuits may not tempt His Royal Highness to undertake too much; and especially do we hope that he may not attempt to substitute the more artificial pleasures so often associated with the heated atmosphere of overcrowded assemblies, for those results that flow from the more quiet and healthful enjoyment of pure fresh air and fine scenery.

THE PUBLIC HEALTH BILL AND PORT SANITARY AUTHORITIES.

AMONG the many ambiguities that must be disposed of before Mr. Stansfeld's Bill can usefully pass into existence as an Act, are certain hazy ideas as to the precise limits of ports in the United Kingdom. It would appear that until the 14th inst. the limits of the port of London might have been classed among "things not generally known," but they were on that day declared by the President of the Local Government Board to be from Teddington-lock to "far beyond the Nore," so that the "sanitary authority" of the Thames will have a considerable amount and variety of waterway to supervise, in many respects more suggestive of storm than sunshine. If, indeed, this authority is to have sanitary jurisdiction over the occupiers of all boats, barges, and other craft moored on the river and on all creeks that run into it, its work will be by no means a sinecure. But, in sober truth, it is very important that the merits of the question as to who is to be the sanitary authority of the port of London should be properly canvassed before the Bill reaches Committee, particularly as Mr. Stansfeld has so politely left a blank in the 19th section, in order that "he might have an opportunity of ascertaining the opinion of London on that subject."

It appears that there are at least three bodies which might be named, first and foremost of these being the Thames Conservancy. The members of this board represent severally the Admiralty, the Board of Trade, the Trinity House, and the Corporation of London. Very extensive administrative powers are conferred upon them as to the management of the river, and of the craft upon it, between Oxford and a point a little to the west of Southend, and these powers have lately been much extended. The Conservators assign positions to all craft stationed in the stream, can moor and unmoor any vessel, take charge of all wrecks, superintend dredging operations, and keep the navigable channel clear of obstructions. They have, in fact, absolute authority on the river, except as to police, this force being under the government of the authorities at Scotland-yard.

Another "sanitary authority" may and probably will be suggested in the shape of a sanitary board comprised of what is or has been called the Thames Shipping Inspection Committee. Our readers may perhaps remember that this Committee consists of representatives from most of the metropolitan health districts abutting on the river, these districts being, in accordance with the provisions of the Sanitary Act of 1866, theoretically responsible for the sanitary supervision of vessels in the Thames.

A third authority might be instituted by naming one of the waterside districts to act for the rest, and in such a case the City authorities would probably be suggested as most capable of carrying out the work. The Bill leaves us in ignorance as to the districts that will be rated in the case of the port of London, and therefore it is somewhat difficult to determine which of the three bodies above referred to should most fitly be chosen. But there can be little doubt that, as a matter of direct administration, the Conservators could do the business best. Any officer furnished with the powers that their Board at present possesses could at once put into practice plans for the prevention of disease without asking the aid of any intermediate authority. We believe that the Thames Shipping Inspection Committee desire to act honestly for the public good; but there are, as it seems to us, grave difficulties in giving them a status sufficient to secure constant unity of action. There can be no possible doubt that the work would be well carried out by the City Commissioners of Sewers, but we question whether the other districts would submit to this arrangement (particularly as the City has so small an extent of waterway); and it is obvious that neither the local authorities as a Board, nor the City authorities as representing that Board, could work properly or successfully without continual aid from the Conservators. We have so persistently urged during the past five years the necessity of instituting a scheme of sanitary supervision in this port that an apology is scarcely needed for discussing somewhat at length a question the merits of which are soon likely to be canvassed in the House of Commons.

THE BOAT RACE.

THE long series of victories won by Oxford over Cambridge in the yearly aquatic encounter from Putney to Mortlake seems likely to shift to her patient and plucky antagonist, whose success on the last three occasions has been as deserved as, for the sake of wholesome rivalry in a truly national sport, it was desirable. The inevitable result of this change of fortune will be to make Oxford redouble her efforts to recover, and Cambridge her exertions to retain, the superiority which has been lost and won. Training on both sides will be practised with increased system and severity until its conditions, already trying enough to the strongest oarsman, may be pushed in even his case to dangerous excess. The warning given to the φιλήρετμοι of either University some years ago must, therefore, be repeated with emphasis, and both trainer and pupil be made to understand that it is less the immediate than the remote consequences of over-discipline and over-strain that have

to be guarded against. Cases, doubtless, have occurred in which a regimen abruptly adopted, with particular reference to the impending claims on "muscle" and "wind," has proved mischievous to the subject's health; indeed, the recent break-down of some two or three of the originally selected oarsmen on either side may, in part at least, be ascribed to the shock thus given to previous habit. Neither can the repeated spurts put on during the varying fortunes of the race be always answered without injury, immediate or remote, to the contending crews, whose voluntary muscles must necessarily overdraw on the reserve-force of the non-voluntary till the heart's action becomes irregular, and the beginnings of mitral or even aortic insufficiency are laid. But the ultimate effects of such strain on the constitution, insidious and rarely till after-life perceptible though they be, cannot but be more or less injurious. Professional watermen, as a rule, are not long-lived; the death of the English champion last autumn in Canadian waters being the natural *finis* to courses of over-training and over-exertion in a man young and strong indeed, but belonging to the neuro-sanguineous diathesis. Our university youth, however, who of course have no intention of making aquatic sports the business of their lives, are at a disadvantage unknown to professionals. Their transitions from a life of comparative ease to one of stern discipline, and again their relapses from the latter to the former condition, are too far between and too strongly contrasted to conduce to continued soundness of constitution. A day or two suffice to make an oarsman of the Tyne or the Thames as "hard" as may be necessary; and even the test of the final struggle leaves him little distressed. But weeks or even months are required before, by a constant process of sifting, an Oxford or a Cambridge crew can be brought up to the requisite standard of staying-power; and scarcely have they retired from the contest into studious, or at least academic, life, when the newly-imposed habit is changed for the old one, and intellectual strain to make up for time lost to the schools is added to the sufficiently mischievous relapse from athletic to customary regimen. We have no wish to push these considerations too far; but they undoubtedly must be duly weighed if University sports in general, and the annual boat race in particular, are not to usurp a place in academic life prejudicial, not only to the *genius loci*, but to the physical as well as moral development of their votaries.

DR. GAIRDNER AND THE ONE-PORTAL SYSTEM.

NOT content with forwarding to the General Medical Council at its recent session a lengthy protest against the formation of a single examining board for Scotland, signed by himself and various professors of the University of Glasgow, Dr. Gairdner, the Professor of the Practice of Medicine in that University, has literally been "on the stump" in the same cause, and has delivered himself, both at Glasgow and Edinburgh, of a diatribe against the one-portal system.

Dr. Gairdner's first essay (as we learn from the *Glasgow Herald* of the 5th inst.) was a lecture "On the present critical aspect of Medical Examination in relation to Medical Teaching," delivered within the physiology class-room, under the auspices of the Glasgow University Medical Society. His second appearance (which is duly chronicled in the *Edinburgh Courant* of March 23rd) was to deliver an address "On Medical Examinations and Conjoint Boards," before the Edinburgh Royal Medical Society. These addresses to students, and to the public by means of the local papers, are mere echoes of the letter of Sir Robert Christison and the speeches of the Drs. Wood at the Council meeting of March 2nd (THE LANCET, March 9th). Dr. Gairdner objects to the introduction of an "official *minimum*" of knowledge as an insult to the Scotch examining bodies and to the profession at large; but we wonder what the public to whom he appeals would say if they knew that the absence of an "official minimum" allows rival examining bodies to pass men who would undoubtedly fail to reach the lowest official standard! He believes that a Conjoint Board would have a most deteriorating effect upon the quality of teaching, and seems to imply that no teaching would rise above the level of the fixed standard for a pass, and that no board would venture to institute a higher examination. We disagree *in toto* with Dr. Gairdner. The effect of a fixed standard for a pass examination would be in many cases to raise the level of the test, and but few men would, we believe, rest satisfied with this legal qualification, but would be anxious to affiliate themselves to the corporate bodies with an examination of higher character. At present, for bare subsistence, the Scotch examining bodies undersell one another; but let their existence once be secured by a system of combination, and they would be able—nay, they would be forced—to institute higher tests, in order to keep their graduates around them. The race, instead of being downward, would be upward, with what satisfactory results to the cause of medical education and progress we need not stop to point out.

Dr. Gairdner's eloquence at Edinburgh induced the President of the Medical Society to commit himself to various platitudes, among others to refer to "that *summum malum* commonly called the 'one portal' system," and to propose a motion to the effect that there is no sufficient reason or demand for uniformity of medical qualification. Perhaps the young men who enthusiastically carried the motion may change their minds when they get into practice, and find themselves constantly annoyed by some ignorant pretender to medical knowledge who has managed after repeated failures to secure a diploma of the lowest character, which is nevertheless recognised by the public equally with the degree he has attained by much patient labour.

LORD MARK KERR ON THE PREVENTION OF DELHI BOIL.

THE *Indian Medical Gazette* of the 1st ult. contains a practical and suggestive communication from Major-General Lord Mark Kerr. His Lordship states that on his first arrival in India he found the garrison of Delhi, both European and native, to a great extent suffering from boils, sores, and unsightly fungus-looking growths on their hands and limbs. Within the walls of Delhi there was a surface of barrenness, covered here and there, for the space of two miles in length and five hundred yards in breadth, by foul weeds and heaps of demolished buildings, with the wells and water-ducts choked up. From what he had heard of the existence of boils and sores in many Eastern cities—Bagdad, Aleppo, and other places—under similar circumstances, he was led to believe that the planting of trees and grass and the clearing of water-courses would possibly remove the evil. With this view, he obtained the Lieutenant-Governor's sanction, and funds sufficient for carrying the idea into execution. What strengthened this view was the fact that the men of a cavalry regiment stationed near the Cabool Gate amongst trees and grass were entirely free from these affections. Moreover, the 82nd Regiment and 12th Native Infantry, unfit for duty from these sores, were placed under canvas amongst the trees and verdure of the old cantonments with the most satisfactory results. His Lordship left India in 1864. On hearing that the Commander-in-Chief was to hold a camp of exercise at Delhi, Lord Mark

Kerr determined to inspect the place for himself, especially as he had heard, during the interval, very satisfactory accounts of the progress of the trees and gardens at Delhi, and of the gradual diminution of the prevalence of these boils. The disease has now almost entirely disappeared from Delhi. His Lordship is anxious that the experience thus obtained should be made known and tried in other regions in India; for he believes that pure irrigation and draining, with judicious planting and gardening, would greatly tend, not only to remove sores and such-like evils, but to prevent the approach of more serious and even fatal scourges.

THE NAVAL MEDICAL SERVICE.

THE vacancy in the rank of inspectors-general has been filled by the Admiralty by the promotion of Dr. Minter, now serving as deputy inspector at Malta Hospital. This appointment, which, we understand, is entirely the result of Royal favour, and not of action on the part of the Director-General, will, we fear, excite considerable astonishment in all ranks of the service; for Dr. Minter, though in active service early in life, has for upwards of fifteen years served in the easy berth of surgeon to H.M.'s yacht—a post which, contrary to all precedent, he was permitted to hold after being promoted to the rank of deputy inspector. Dr. Minter proceeded to Malta only a few months back in order to hold a foreign hospital appointment, in accordance with the salutary regulation obtained by the present Director-General requiring such service previous to promotion; but, being now promoted, the post will be filled by Dr. Mason, who was on the eve of sailing for Bermuda, he being succeeded by Dr. Jenkins, C.B., who has been promoted to the rank of deputy inspector, after thirty-one years of active service. Dr. Jenkins was surgeon of the Naval Brigade in the Crimea, and was afterwards staff surgeon of the *Belleisle* in the China war of 1857–59, and of the *Simoom* in that of 1860–62. His services have merited the decorations he wears of C.B., Legion of Honour, and Crimea and China medals. We congratulate the navy on his promotion, tardy as it has been; it will increase confidence in the administration of the Director-General by whom such a meritorious officer has at length obtained his due reward. Dr. Jenkins's promotion renders vacant the post of surgeon to the Marine Artillery at Portsmouth.

THE IRRESPONSIBLE FRIEND.

WHICH of us, in attendance upon a case of illness, and especially a chronic case, has not encountered him? We gather from our patient's manner, in the first few moments of our visit, that the irresponsible friend has been before us, sowing seeds which spring up ere he has quitted the room into a growth of doubt and want of confidence, the influence of which it may take us days or weeks to overcome. It is he who assures our patient, needing of all things rest and quiet, that, "if he will only pull himself together and take a brisk walk, he will be all right." He, the irresponsible friend, knows exactly what the patient feels; indeed, he has usually experienced in his own person all the symptoms, and has succeeded in recovering his health by the aid of his own unassisted judgment without requiring medical assistance. Perhaps he has swallowed the yelk of a hard-boiled egg each morning early, or has rubbed the soles of his feet every night with acetic acid, or has brushed his body all over with a hard hairbrush, or had his spine rubbed with cotton oil—remember *cotton* oil, no other will do. Maybe he is less independent, and then there is always some great authority in medicine to be recommended, nay, to be forced upon his friend. "You must see Timkins [never Dr. or Mr. Timkins]—he will set you to rights directly." And then he relates a recent case in which a patient, whose symptoms are in every detail different from those of his victim, was "set to rights" by Timkins. Of course he has never heard of the medical man who chances to be in attendance—no doubt, as he says, a very good man, but "why not see Timkins?" It never occurs to this meddlesome person that the medical attendant of a patient possesses, if not of his own personal experience, abundant means of ascertaining from without the best existing methods of contributing to his client's recovery, in the literature, journals, and scientific societies of his profession, all open to him, as they are shut to the irresponsible friend. And, in the contemplation of his own importance, he appears to forget that, were there no other reason for exertion, the interest of the medical attendant lies directly in leaving not a stone unturned to cure his patient. There was a fine chance for this kind of credulous meddler in the recent illness of an illustrious personage, and, as we are given to understand, he was quite equal to the occasion. Happily for the result, his suggestions met with the reception they deserved. When a client seeks his lawyer's advice in a matter of pecuniary moment, does the irresponsible friend intrude in a similar manner? Or is this cruel folly reserved for occasions when the unspeakably momentous issue of health is at stake, and when the exertions of the attendant should meet with all the help that full and perfect confidence can give?

THE COLLEGE OF PHYSICIANS.

SEVERAL matters of importance came before the College of Physicians at its Comitia meeting on Monday last. In the first place, a communication was received from the Earl of Kimberley relative to leprosy, and enclosing copies of correspondence between the Governor of the Mauritius and Dr. Meiklejohn, of H.M.S. *Forte*, on the subject. Lord Kimberley desired to be informed of the views of the College regarding certain alleged instances of the propagation of leprosy by contagion and by sexual intercourse, which are stated to have been observed at the Leprosy Asylum in the Island of Curieuse. The documents were referred to the Leprosy Committee of the College for a report thereon. In the criticism which we made upon the Leprosy Report of the College in 1866, we gave our reasons for questioning the accuracy of the general conclusion arrived at, that leprosy was never contagious, and we should certainly be glad to see this matter gone into more specifically.

The College has received from the Foreign Office a copy of the Pharmacopœia of the Netherlands, which is now accessible in the library to those who have any wish to become acquainted with its contents.

A letter was read from the President of the General Medical Council, in which it was intimated that that body gave its sanction to the English conjoint scheme, and a resolution was then adopted by the College empowering the Council to consider and suggest such alterations in the bye-laws as may be requisite, in view of the conjoint scheme being carried into effect.

Dr. F. Farre next brought under the notice of the College the desirability of permitting authorised reports of the proceedings of the College to be furnished to the medical journals; and this was also referred to the Council for its consideration.

The President then delivered an address from the chair, which will be found in another part of our present number. The last business was the election of President, and the choice of the Fellows fell upon Dr. Burrows, who was at once re-elected with acclamation. Dr. Burrows, in felicitous terms, thanked the Fellows for the renewal of their confi-

dence in him, and the additional honour he had received at their hands. No one has sustained the high position or the dignity of the President of the College of Physicians more worthily than Dr. Burrows; whilst the influence and public utility of the College have been alike preserved in his hands; and that the College is fully alive to the fact was shown by the proceedings of Monday last. But a little incident occurred during the balloting which had a significance of its own in this respect. One of the Fellows had recorded his vote for "Sir George Burrows, Bart."; and on the senior censor, in the course of his scrutiny, reading the name as written, the applause was as marked as it was continued. We hope the incident will not be fruitless.

THE MEDICAL SOCIETY OF LONDON.

THE meeting of this Society on Monday night was one of considerable interest. The business was commenced by Mr. Davy, who exhibited an ingenious instrument for opening the vertebral column from the abdomen, and from below upwards, as far as the cervical region, together with a long knife by which the cord could be separated from its cervical attachments, so that it might be drawn out with the brain for post-mortem examination. Mr. Davy's instrument is a sort of adze, with a central projection from the edge of the blade; and his method seems likely greatly to promote the practice of examining the cord, which can be removed very quickly, without turning the subject upon the face, and without any incisions beyond those that are customary in every case. Dr. Crisp next read a paper on three cases of sudden death, in one of which it seemed probable that an infant had been suffocated by being put to bed with the nipple of a feeding bottle in its mouth. Mr. Napier exhibited two sounds, intended to render more certain the discovery of stone in the bladder in doubtful cases. They were made of soft pewter, very highly polished, and one of them was oxidised on the surface. The inventor believed that they would be visibly scratched by even the slightest contact with a stone, and would thus afford absolute assurance of its presence; and he explained his own interest in the matter by saying that he had himself been for some years the victim of an erroneous diagnosis, a stone in his own bladder not having been discovered when first searched for. The paper of the evening, on Lithotomy after Lithotrity, was then read by Mr. Walter Coulson, and led to some discussion, in which Mr. Henry Smith and others took part.

"DRUNK OR DYING."

UNDER the above title a somewhat sensational paragraph has appeared in the newspapers respecting an undoubtedly painful and unfortunate occurrence which took place at the Westminster Hospital a few days back. As represented in that statement, it would appear that a labouring man had fallen from a ladder a height of 18 ft., striking his head on the pavement; that he was given some brandy, and carried to the Westminster Hospital, where the house-surgeon pronounced him merely drunk and refused to admit him; and that he was ultimately taken to the workhouse, and died there (about twenty-four hours after the accident) of fracture of the base of the skull. It was further stated that the house-surgeon declined to attend the inquest and explain his conduct, urging a technical informality in the manner of his summons.

The matter naturally attracted the attention of the House Committee of the hospital, and was investigated on Tuesday last, when it appeared that there were several important errors in the newspaper report. It was shown that the man, when brought to the hospital, was neither insensible nor in any way presenting the appearance either of compression or concussion; on the contrary, he was somewhat excited and noisy, but could walk well and speak perfectly plainly; and, as he had been given four ounces of brandy (a quartern), it really appeared most likely that he had been merely stunned by the accident, and afterwards tipsified by the off-hand treatment he received. Moreover, it seemed that he did not fall 18 ft., but only from the height of an ordinary door-lintel. Nevertheless, he was not at once sent away, as reported, but retained, and watched during three-quarters of an hour, when, as no new symptoms appeared, he was sent away in charge of the police. As to the further statement that the house-surgeon had declined to attend the inquest, that was distinctly proved to be entirely untrue; on the contrary, he had no summons, and no knowledge that it was about to take place, and was therefore unfortunately absent from the hospital at the time when it was held.

The story thus sifted resolves itself into an unfortunate occurrence, for which, however, it would be unjust to attribute any severe blame to the house-surgeon, of whom it was testified by the medical staff at the meeting of the House Committee, that he had always shown himself an able and zealous officer. Fractures of the base of the skull are proverbially not unfrequently very obscure in their early symptoms, and this young medical man has merely made a mistake in diagnosis which has been made by many surgeons in a far more eminent position. We would only suggest that it would be well in future for every case of accident, in which there is a possibility even of serious injury to the head, to be detained under observation for at least twenty-four hours.

THE ORTHOPÆDIC HOSPITAL.

THE letter from Lord Abinger, which we print elsewhere, brings to light some new features of the Orthopædic Hospital controversy, and exhibits the antagonism between the medical officers in painful colours. The alleged purchase of votes immediately before the meeting is a practice that is guarded against in all well-conducted institutions by stringent rules; and that seems at first sight to be, under any circumstances, improper. On the other hand, it may well be urged that no hospital can be properly conducted if the members of the staff are separated by irreconcileable enmities; and that, if once such enmities exist, the battle had better be fought out to the end, with any available weapons, until the Darwinian principle of survivorship is fully and fairly illustrated. The disgraceful sanitary condition of the hospital points to the existence of circumstances which prevented either the staff or the committee from doing their duty to the patients. If a private establishment fell into a similar state of chaos, the only remedy would be for the master to make a clean sweep, from butler to buttons, and to begin afresh with entirely new hands. We are hardly prepared to recommend the adoption of a course analogous to this; but, in default thereof, it will become necessary to distribute praise and blame justly and impartially, as they may be due; and for such a purpose nothing will suffice but a public inquiry and report, conducted and made by independent persons, free from even the suspicion of partisanship. We regret that Mr. Holmes Coote and Mr. Pick should have announced themselves as candidates for vacancies not yet declared; and would earnestly advise these gentlemen, and all others, to wait until a public inquiry has been held, and some security is thereby given for the future proper and orderly conduct of the hospital. Since the above was in type, we are glad to see that Mr. Pick, for the present at least, has withdrawn his candidature.

THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

THE present year will be a busy one for English ophthalmic surgeons, since the next great International Congress of their craft is to be held in London during the first days of the coming August. The first Congress assembled at Brussels in 1857, and it was then intended that a meeting should be held every four years. From various causes, however, chiefly wars and rumours of wars, the interval has been prolonged to five years, and the meetings of 1862 and 1867 were both held in Paris. The coming Congress had been fixed for Berlin; but since the war a neutral place of meeting has been thought desirable, and London has been ultimately decided upon. A reception committee of London ophthalmologists has been formed, and the President and Council of the College of Physicians have granted the use of the College to the Congress. A preliminary meeting will be held there on the 31st of July, and ordinary meetings on the 1st, 2nd, and 3rd of August.

The assembling of the Congress will cast upon English surgeons two distinct classes of duties: first, the duty of hospitality; and next, the duty of holding their own, both as men of science and practitioners, in the eyes of all Europe. As regards hospitality, it should be remembered that ophthalmic specialists are not very numerous, and that the visitors will probably exceed a hundred; so that the profession at large may very properly be called upon to strengthen the hands of the Reception Committee, and to assist in making the reception truly national in its character. As regards scientific work, no time should be lost; and those who have access to necessary clinical materials should at once consider how they may best make them available for the settlement of disputed questions, or for the improvement of imperfect practice.

"SPIRITUALISM" IN MELBOURNE.

WERE it not that history repeats itself, it would seem incredible that certain medical practitioners in Melbourne are now constantly seeking the aid of the persons who call themselves "mediums" in order to consult "spirits" about the treatment of their patients. "Le jour va passer," said Robert Macaire, "mais les badauds ne passeront pas;" and wherever fools abound a correlative crop of knaves must necessarily spring into luxuriance. Still it is very melancholy to reflect on what must be the mental state of a physician, and his general attitude towards the problems daily presented by his calling, if, instead of seeking to solve them by more careful examination and better methods of diagnosis, it is even possible for him to endeavour to shift them upon the shoulders of a "spirit" of whose existence he has no proof, whose veracity, honesty, and knowledge (even supposing it to exist) are at least questionable, and who is entirely irresponsible for the advice given. Apart from the utter folly of the proceeding, there is about it an absence of conscientiousness, of any sense of duty to a patient, that is as remarkable as we hope it is exceptional. The Melbourne papers lead us to suppose that some of the medical professors at the University are thus misconducting themselves; and, if so, the matter is one which it behoves the public and the respectable members of the profession in the colony to take up in no uncertain way. The *Melbourne Argus* objects to the patients for whom spirits are consulted being described as in any special sense "unfortunate," on the ground that "it is about ninety-nine chances to one that the doctor, whose mental imbecility leads him to consult the spirits, would kill his patient in the end anyhow, and the question arises whether it is better to be done for quickly with supernatural aid, or to linger on under the sole treatment of the regular practitioner." There is a ring of common sense and humour about this which, together with the indignant protests of the medical press, leads us to hope that the folly will be short-lived.

THE SANITARY CONDITION OF RADFORD.

THE second Report on the Sanitary Condition of the Parish of Radford, a suburb of Nottingham, which Dr. Thorne Thorne has just presented to the Local Government Board, is satisfactory only as showing that that department at least keeps an eye on stagnant local authorities. Stagnation tends to breed filth, disease, and death, and so it has proved in more than one sense at Radford. The occasion of the inspector's first visit in the early part of last year was a severe epidemic of enteric fever. Among the measures which the vestry, as the sewer authority, was urged to adopt, to prevent a recurrence of the epidemic, was the provision of proper means for flushing and ventilating the sewers. When we state, however, that a portion of the parish occupies an elevated site, and that the sewers are at the present moment absolutely unprovided with any means of ventilation other than the kitchen sink-pipes, with which they in many instances communicate without even the intervention of a trap, it will be no matter of surprise that the fever has raged during the past winter with increased virulence and fatality. So much for the vestry.

The guardians, also, of Radford have succeeded in distinguishing themselves. The prevalence of small-pox in the district at the time of the inspector's second visit led him to make inquiries as to the manner in which that body had discharged their duty as the vaccination authority; and he found that, although, out of 694 registered births, 333 had not been accounted for as regards vaccination, and as many as 200 had been returned as defaulters by July last, legal proceedings had in no instance been undertaken to enforce compliance.

These facts need but little comment. Let us hope that the new Public Health Bill will render compulsory the adoption of the Local Government Act by such places as Radford.

THE LADY STUDENTS AT EDINBURGH.

MISS JEX BLAKE and nine other ladies pursuing the study of medicine in Edinburgh have lodged a summons in the Court of Session against the Senatus and the Chancellor of the University. The summons includes a claim to attend the class of any professor in the University, and to receive instruction from him on payment of the usual fees; to qualify for graduation; to proceed in due course to examination for degrees; to exact from the Senatus not only the aforesaid instruction and examination, but, on being found qualified, the recommendation to the Chancellor that he shall confer the desired degrees; to obtain from the Chancellor such degrees, after such recommendation from the Senatus; and, finally, to secure at the hands of the Senatus every means of studying, qualifying, and graduating as are allowed to the male students. The "Condescendence," as it is called, contains a series of articles which, divested of legal technicality, set forth the desire of the ladies to study and graduate in Edinburgh, the conditions to which they are willing to submit for that end, and the obstacles thrown in their way by the Senatus; and other documents to similar purport already known to our readers; while the pleas in law are mainly to the effect that by its constitution the University of Edinburgh is bound to provide instruction and graduation to women on compliance with the ordinary conditions; and that the ladies having so complied have a right to claim such instruction and graduation. The course

adopted by the ladies is precisely that which we predicted they would follow, though we were hardly prepared for the pertinacity of their pressure on the Senatus. That body, however, having voluntarily put itself into a false position, must bear the consequences.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE meeting of this Society on the 26th inst. was exclusively devoted to obstetrics. A very voluminous paper composed by Dr. Graily Hewitt was read "On the acquired Deformities of the Uterus, their importance, effects, and results." Statistical tables, including a synopsis of 1205 cases gleaned from the practice of the University College Hospital, were displayed in the room, and the rest of the sitting was occupied by active discussion of the subjects enunciated, in which Dr. Routh, Dr. Day, and Dr. R. J. Lee were the chief speakers.

THE CLINICAL SOCIETY.

THE chair was occupied by Sir Wm. Gull on the 22nd inst.; and Dr. Southey read notes of two cases of fatal intestinal obstruction, which led to a very fair practical discussion as to the conditions under which operative procedures are likely to afford relief, and the balance of opinion appeared to be decidedly in favour of an operation, under most circumstances, after the physician had had a fair trial. Mr. Teevan followed with some very precise and succinct notes of four cases of impermeable stricture, treated in a peculiarly heroic manner. The urethra of one subject was slit up from the anus to within a few lines of the meatus; and other peculiarities of practice, as detailed by the speaker, appeared to indicate that it was by no means necessary to use any sort of instrumental guide in the practice of cutting operations for impermeable stricture. A brief but lively discussion followed, in which the wisdom of the treatment adopted was challenged considerably; but Mr. Teevan held his ground, and quoted Mr. Jonathan Hutchinson in support of the line of action that he adopted. The Society adjourned until the 12th proximo.

A CASE OF IMPALEMENT.

EXAMPLES of recovery after impalement are not unknown, witness the iron bar and the gig-shaft preserved in the museum of the College of Surgeons of England, after passing severally through the chests of men who recovered from the injury. Last year a case in which a rick-stake passed through the abdomen and thorax of a boy of eleven years, who recovered, was recorded; and, still more recently, another instance has been reported by Mr. Freer, of Stourbridge, of a woman who was impaled by the handle of a hay-fork, and yet recovered. But the most extraordinary case is one lately communicated to the Boston (U.S.) Society for Medical Improvement by Dr. Sargent, of a woman who survived a very similar accident for twenty years. The accident occurred in August, 1851, and the patient died in December, 1871. At the post-mortem examination there was found to be a diaphragmatic hernia, admitting the stomach, transverse colon, and a considerable portion of the small intestines into the left pleural cavity. The left lung was much compressed, and the heart pushed over to the right side. The date of the occurrence of the hernia was doubtful, but she suffered for many years from oppression, flatulence, and constipation. She was unable to lie on her back or on her right side, and had sat up at night for some years. The cause of her death was peritonitis, and at the post-mortem examination the course of the foreign body was clearly distinguishable.

THE SCOTTISH WESTERN MEDICAL ASSOCIATION AND MR. WINTERBOTHAM'S BILL.

LAST week a meeting of the Scottish Western Medical Association was held at Glasgow, to consider the Master and Servants (Wages) Bill, and to take steps to protect the interests of the members so far as they were affected by the measure.

This Association embraces the counties Lanarkshire, Stirlingshire, Ayrshire, Linlithgowshire, Renfrewshire, Dumbartonshire, and Clackmannanshire. There was a large attendance of medical men present, Dr. Torrence taking the chair. A letter was read from Dr. Lyon Playfair, suggesting that the Association should forward a statement of their opinions to the Home Secretary, to be laid by him before the Select Committee to which the Bill had been referred.

A letter was also read from Mr. Merry, M.P., stating that the Bill was obnoxious and uncalled for, that a very large majority of the House of Commons was opposed to it, and that he himself would oppose it at every stage. After various suggestions had been discussed, it was ultimately resolved that the council of the Association should forward a memorial to the Home Secretary asking the insertion of a clause to the effect, "that nothing in the Master and Servants (Wages) Bill shall render invalid any contract for a deduction of any sum for medical attendance, or render illegal any deduction in pursuance of such contract."

SMALL-POX AT THE CHESTERFIELD HOSPITAL.

THE hospital authorities at Chesterfield have decided on erecting a temporary wooden hospital in the grounds at the back of the building. It appears that there are already four patients in the hospital in excess of the regulated number. The cook at the institution is suffering from a severe attack of small-pox, and it became absolutely necessary to provide for her accommodation somewhere, especially as it would seem that she could not be received into the small-pox ward of the union. To have removed the patient to her own home, even had this been possible, would have spread infection to a fresh centre. Small-pox has diminished in the town, we believe, but it has by no means taken its departure. There is of course only one safe and proper method of procedure in these cases of infectious diseases—namely, isolation of the sufferers from them; and we wonder that sanitary committees do not, during periods when there is no epidemic disease prevailing, urge the local authorities to provide some structure capable of being used as a hospital for cases of an infectious kind. They may depend upon it that the safest course will always prove the cheapest too in the long run.

THE BUDGET.

THE announcement by the Chancellor of the Exchequer of his intention to take off this year the additional twopence which he last year imposed upon the income-tax payers will be received by the profession with that modified degree of satisfaction which is the utmost that can be expected of them, so long as successive Governments refuse to recognise the principle that a distinction should be drawn between the precarious incomes derived from professions and those which accrue from sources not subject to professional vicissitudes. In carrying still further the limits of income adopted by Mr. Gladstone for an abatement of the tax—viz., from £200 to £300, with £80 instead of £60 as the amount to be abated—Mr. Lowe will have the thanks of a large number of persons with small incomes, upon whom, as he admits, the pressure of the tax falls with undue severity.

STRUCTURE OF THE AMERICAN SPONGILLA.

AN abstract is given in the *Monthly Microscopical Journal* of Professor H. James-Clark's recent investigations into the nature of this species of sponge (Spongilla arachnoides). Haeckel considers sponges to be essentially compound polypi, the ostioles of the sponge corresponding to the mouths of the polypi, the branching canals of the former to the similar canals in the polypidom of Halcyonarius, and by implication the cilia-bearing cells of the interior lining wall of the zoophyte finding their homologues in the ciliated cell-like bodies of the interior chambers of the Porifera. In opposition to this view Professor H. James-Clark maintains that these last are not mere cell-components of a tissue, but are each severally an independent body; in other words, he regards each ciliated body of the sponge as a cephalic member of a polycephalic individual. He describes these ciliated bodies as composed of nucleated masses of protoplasm from one part of which a single vibrating flagellum protrudes, the base of which is protected by a cylindrical transparent theca or collar. The amœboid portion of the cell is granular, and contains two or three contractile vesicles. These bodies line the interior of centres in the cytoblastematous matrix of the sponge, the flagella or cilia all pointing towards the centre of the cavity. From the somewhat condensed surface of the matrix, which he terms the inner investing membrane, spicula project obliquely and support, as a tent is supported on poles, the outer envelope or investing layer. There are no afferent and efferent canals, at least in the young state. The sponge lives in fresh water, adheres to the stems of water-plants, avoids light, and may attain the size of an orange or more.

THE "DREADNOUGHT."

IT is satisfactory to know that the decks of this ship, though not at present occupied, are by no means in a state of decay or disorder. The Metropolitan Asylums Board, by consent of the Admiralty, still retain possession, so that on the occurrence of any epidemic the vessel can be utilised either for the metropolis or the port. We are informed by a correspondent that he recently paid a visit to the ship, and found that everything was ready for the reception of a cholera patient, that hot water and all other accessories were close at hand, and that fifty or more sick could be admitted at two or three hours' notice. The impression left by this casual call was that the Metropolitan Asylums Board did their work exceedingly well, and thoroughly appreciate the utility of being always ready.

VACCINO-PHOBIA LIBEL.

THE case of Dale *v.* Constable, tried at York before Mr. Justice Quain and a special jury, is one that should not pass unnoticed. Mrs. Constable, staying at Scarborough, wished Mr. Dale to revaccinate her daughter. He did so on the 6th of March last. On the evening of the same day a rash appeared, which proved to be scarlatina. Two other medical men confirmed the diagnosis, and Mr. Dale continued to attend to the 14th or 16th of April, when all danger had passed away. A homœopathist was called in after Mr. Dale's services were at an end. The father, described as a gentleman of large property, of landed estate, and noble descent, and also as a vaccinophobist, took to writing a pamphlet on the case which assumed the form of a very unjust and perfectly indefensible libel, in which Mr. Dale was obviously spoken of as Dr. Brown, and made to appear ridiculous, unprincipled, and unskilful. The rash was attributed to vaccination, and Dr. Brown described as going about at the spring of the year "like a roaring lion seeking whom he might vaccinate." Two editions of the pamphlet were published and distributed among Mr. Dale's best patients. Mr. Marson, Mr. Le Gros Clark, and Mr. Husband of York, all testified that the disease was scarlatina, and unconnected with vaccination. At this stage of the case Sir John Karslake interposed on behalf of the defendant to admit that he had done wrong, to retract, and apologise. He withdrew any imputation against the plaintiff of malpractice or of dishonourable behaviour, and consented to a verdict against him. The plaintiff's counsel explained that the object of his client was not damages, but the vindication of character. Whereupon a verdict was taken for the plaintiff, and it was agreed that all expenses should be borne by the defendant. Mr. Dale very triumphantly vindicated his moral and professional character, and proved himself almost too magnanimous in being willing to forgive so easily a libel of the most unjustifiable character.

PROMOTION IN THE ARMY MEDICAL SERVICE.

WE were very glad to notice that our contemporary, the *Pall Mall Gazette*, has discussed this subject in an excellent article, and we can only trust that other journals will follow its example, for the hardship under which army medical officers are at present suffering is both a very plain and real one. We have been constantly urging their claims on the present Government, and Mr. Cardwell cannot deny that their case is every whit as bad as that of the other scientific branches of the army for which he has been compelled to find a remedy, and he ought in common fairness to extend the same consideration to medical officers as to those of the Royal Artillery and Engineers. Among the many members of the present Parliament directly connected with the medical profession or the medical universities, there ought surely to be some who will take this matter up at the earliest opportunity.

RURAL DISTRICTS.

A GOOD illustration of the manner in which the Government Sanitary Bill would fail to meet the requirements of rural districts is furnished by a letter in the *Lancashire Observer* relating to the state of Carnforth. The writer describes Carnforth as a place in which the population has trebled itself within five years, but in which there is not a single proper drain or sewer, in which the streets are in no repair, and in which houses are built up anyhow, with no back-yard accommodation. It is just one of the places, in short, where immediate provision for the regulation of all new structures is required, and where no future action can possibly repair the mischief that a short period of present neglect will allow to spring into existence. The Government Bill would require Carnforth to signalise itself by a certain rate of accomplished mortality, or by a certain prevalence of epidemics, before tardy steps could be taken to shut the door of the stable from which the steed had been already stolen. At present, while the seeds of disease are being daily sown, but when the harvest is not yet fully ripe, the place would be considered unqualified for legislative interference—unqualified, as Cobbett said, "like a virgin for the Magdalen"!

THE MEDICAL EMEUTE AT PARIS.

THE medical students of Paris have been disgracing themselves by one of their periodical attacks on one of their professors. Dr. Dolbeau has on this occasion been the victim, and has been prevented from lecturing by the uproar of his class, assisted doubtless by the turbulent members of the other faculties. The charge against Professor Dolbeau was that he had betrayed a communist to

the Versailles troops; but this has no real foundation. According to the Paris correspondent of the *Daily News*, when Marshal MacMahon entered Paris he gave orders that no patients in the hospital should be discharged without his knowledge and authority. Some young surgeons in the Beaujon Hospital wanted Dr. Dolbeau to sign a false certificate to enable a wounded communist officer to escape in disguise. This the professor honourably refused to lend himself to, and hence the tumult. For the present the lectures of the faculty are suspended; the only punishment the authorities appear to have the power to inflict.

PHILADELPHIA DEGREES.

IN relation to the subject of spurious degrees referred to in a paragraph last week we observe that the Foreign Office has within the last few days published a communication from Mr. Kortright, her Majesty's Consul in Philadelphia, confirming in every respect our statement respecting the worthlessness of the Philadelphia degrees, and the efforts which the authorities of the University of Pennsylvania have made to suppress them. The Provost of that University is anxious that it should be known in England that no academic degree can be lawfully purchased, and that any diploma so procured is absolutely worthless. We have much pleasure in seconding his efforts to suppress a disgraceful traffic, by giving publication to this statement, and hope that for the future medical men, at least, will not be caught in the net laid for the unwary.

MR. GLADSTONE.

WE are glad to say that the recent indisposition of the Premier was not such as to give rise to any anxiety. Mr. Gladstone caught a violent cold, and this was attended by loss of voice for a while, and some slight constitutional disturbance accompanied the attack. These symptoms soon passed off, and Mr. Gladstone regained his usual health on Sunday. Dr. Andrew Clark was in attendance upon the Premier.

LADY CHARLES KER.

THE state of this lady's health has, we are glad to hear, so far improved that it was possible to bring her up to London on Monday last. We understand that, whilst the symptoms consequent on shock and loss of blood to some extent continue, the painful nervous affections have in a great degree passed away, and that there is a fair prospect of ultimate recovery.

ASSAULTS ON LUNATICS.

IT is satisfactory to record that Wm. Lash, an attendant at Colney Hatch Asylum, has been committed for trial for striking one of the patients with his fists. The assault was fortunately seen by Mr. Bains, one of the assistant medical officers; and immediate proceedings were taken in consequence. Lash was suspended, and was brought before the magistrates at Highgate on Monday.

ROBT. WM. WEBBER, the chemist recently tried at the Devon Assizes for manslaughter, has been acquitted. It will be remembered that the case, which occurred last summer, was one in which a prescription containing sol. morphiæ was read as sal morphiæ, and half a drachm of the salt was dispensed.

IN the House of Commons on Monday, Mr. Bruce, in reply to Mr. W. Fowler, stated that he could not with any certainty fix a day for the second reading of the Contagious Diseases Bill.

A CLOSE contest is anticipated for the Rectorship of St. Andrews University. There are now in the field the Dean of Westminster, Lord Neaves, Sir Roundell Palmer, and Professor Huxley. The name of Lord Salisbury has been withdrawn.

SURGEON-MAJOR CORDY BURROWS, the Mayor of Brighton, with his accustomed public-spirited hospitality, hopes to have the pleasure of the company of the members of the Volunteer medical staff to breakfast before the review of Easter Monday, as on former occasions.

HER MAJESTY'S Consul at Lisbon has reported to the Board of Trade that the Portuguese health authorities have declared Salonica infected with cholera since the 26th of December last; and the Ionian Isles with the same disease since the 1st of January last.

IN Dublin milk has of late been greatly adulterated, from 40 to 70 per cent. of water being used. The magistrates are now punishing fraudulent vendors with great severity.

THE last advices from the Cape of Good Hope mention that another ship (*The Thames*) has arrived with small-pox on board, and has been quarantined for twenty days.

MR. BRUCE, the Home Secretary, has threatened the Norwich Corporation with law, because they will not carry out his request to erect a new pauper asylum for the city.

IT is stated that Sir Richard Wallace has offered to erect drinking fountains, at his own expense, in the streets of Paris.

THE census just taken of the city and island of Bombay shows a considerable decrease of population.

THERE were 28 deaths from small-pox in Edinburgh during the past week.

DR. BURROWS'S PRESIDENTIAL ADDRESS AT THE COLLEGE OF PHYSICIANS.

GENTLEMEN,—The custom inaugurated by my distinguished predecessor, Sir Thomas Watson, of giving a short summary annually of the College proceedings during the preceding year appears to me so convenient and conducive to the interests of the College that I readily follow that example, and will venture to occupy your time for a few minutes. Many of you, from various causes, are unable to attend with regularity the general meetings of the Fellows, and are therefore unaware how much business is annually transacted by the College through the Censors' Board, the council, the various committees, and by your President as official trustee of several public institutions.

It will be gratifying to the feelings of the Fellows to know that many departments of the Government, when in need of a medical opinion to guide their course of action, are in the habit of resorting to this College, as the highest medical authority, for advice, and the Fellows equally have reason to be proud that, with an honourable zeal for the public service, they have uniformly devoted themselves in the most disinterested manner to respond to the requirements of the Government. The Secretary for Foreign Affairs, the Secretary for the Colonies, and the Secretary for India have all addressed communications to the College during the past year, and chiefly in connexion with that terrible malady, leprosy, which prevails so extensively among the coloured population in our colonies. One of our Fellows, Dr. Milroy, is still absent from England, having been appointed by the Government, on the nomination of the College, to proceed to the West Indies and inquire into

the prevalence and causes of leprosy, as well as into the efficacy of the treatment of the disease as recommended by the late Dr. Beauperthuy. Independent of the despatches of Dr. Milroy to the Government, he has twice sent interesting communications to the College, which have been read at our general meetings. In connexion with these subjects I may remind you that the Duke of Argyll, the Secretary of State for India, has transmitted for our acceptance a most interesting and valuable series of photographic illustrations of leprosy as it occurs in the Peninsula of Hindostan. The Foreign Office has also forwarded for our use a large quantity of condurango root, and requested the College to report upon its efficacy as a remedy in the treatment of cancer.

From this brief allusion to the intercourse between the Government and the College during the past year, I proceed to advert to the proceedings of the College in reference to our internal affairs, to the medical, scientific, and literary world.

We have elected 13 new Fellows, and death has taken from us 5—viz., Dr. Cursham, Dr. John Hennen, Dr. Evanson, Dr. G. E. Day, and Dr. Hyde Salter. 16 new members have been admitted and 11 have died. Of the now obsolete order of extra-Licentiates 4 have died. 72 gentlemen have been admitted as Licentiates in Physic and 5 have died.

Upon a review of this numerical statement it appears that the College list is augmented by the addition of 5 fellows, 5 members, and 67 licentiates, so that a total of 77 names is added to our numbers.

In the list of deceased licentiates I find the name of Mr. John Charles Hunter, a gentleman who for many years ably and faithfully performed the duties of Bedell in this College. The senior Fellows of the College must well remember the obliging manners and the readiness of Mr. Hunter to assist them in their duties when they held the office of censor or lecturer.

A *soirée* was held in the College last summer which was unsurpassed in brilliancy by any previous one, and which afforded gratification to a large number of visitors. The invitation to the College of distinguished members of the Houses of Lords and Commons, of the Bishops and Clergy of the metropolis, of the Judges and the leading members of the Bar, of the Presidents and Council of the Royal and other scientific Societies, of the President of the Royal Academy, and of the Academicians and other artists, and of eminent foreigners visiting the metropolis, has many and manifest advantages to recommend its continuance. The primary advantage, however, resulting from an annual *soirée* is, that it brings into harmonious and social intercourse all who are affiliated to the College, and have one common interest in its honour and welfare, whether they be Fellows, Members, or Licentiates. Next, I would venture to suggest that this annual reception brings our College under the favourable notice of all the most distinguished in the political, scientific, literary, and artistic world. Thirdly, this *soirée* affords the Fellows the only means they possess of returning the compliments paid to their President and officers by invitations they receive from different public bodies to their banquets and *conversaziones*. It was therefore with regret that I heard from our excellent treasurer in his annual financial statement that our funds would not this year bear the expenses entailed upon the College by a *soirée*. If I am correct in my estimate of the benefits the College derives from these evening meetings, it might be a question whether a portion of the expenses of the *soirée* might not be defrayed by a voluntary subscription among the Fellows.

During the past year a large sum of money has been spent upon the decoration of the interior of the College and upon the restoration of some valuable pictures. The spacious room, originally intended as a dining-room, has, at considerable cost, been furnished and fitted up as a reading-room for the common use of the fellows, members, and licentiates. This room is supplied with periodicals, newspapers, and new works on science, and all who are connected with our College have unrestricted and gratuitous use of the room, the expenses being defrayed out of the College funds. It is to be hoped that this act of liberality on the part of the Fellows may be duly appreciated, and that those for whose convenience it has been arranged will avail themselves of the advantages it affords.

The Harveian Oration was last year delivered by Dr. T. King Chambers, and at its conclusion the pleasing duty devolved upon me of presenting the Baly Medal. You are aware that this medal was founded by Dr. Dyster in memory of his friend, our late much lamented and distinguished fellow, Dr. William Baly, and was to be awarded every alternate year to the person who should have most advanced the science of physiology during the two preceding years. The committee appointed to adjudicate the medal decided that one of our own Fellows, Dr. Lionel Beale, was most worthy of this honour, and to him I had the gratification of presenting it.

The endowed lectures—the Gulstonian, the Croonian, the Lumleian—have this year been delivered by Dr. Hensley, Dr. Bristowe, and Dr. R. Quain. The two former courses of lectures were characterised by the highest order of physical and philosophical reasoning, and displayed the great intellectual attainments of the lecturers; while the Lumleian lecturer has made known important advances in the pathology of the heart, describing a new form of disease of that vital organ, and, by his original researches, commanding the attention of a select and learned audience.

With much generosity and just appreciation of their relation to other societies engaged in the promotion of medical science, the College permitted the Medico-Psychological Association to hold their annual meeting last autumn within these walls, and a similar permission has been accorded to the International Ophthalmic Congress to assemble here in July next. These acts of courtesy extended to scientific associations having no fixed place of meeting in London manifest a becoming readiness to promote the welfare of others pursuing branches of science closely connected with our own.

The College were not unmindful of their duties to the public, or unworthy of the confidence reposed in them, when last autumn there was an expectation that Asiatic cholera might revisit our shores. Our Council was requested to consult and prepare instructions for the use of the public in case of the advent of cholera. A document, containing various recommendations with regard to the prevention of the disease, and its treatment in its earliest stages before medical assistance could be obtained, was drawn up, and is now ready for publication whenever it may be required.

Your President, as an official trustee of the British Museum, of the Hunterian Museum, and of the Tancred Charities, has attended every meeting of those trusts during the past year with two exceptions, when the paramount demand of his presence at examinations in this College prevented his attendance elsewhere. Great and important changes have been effected in the management of the Tancred Charities. You are probably aware they consisted mainly in the maintenance of Whixley Manor House in Yorkshire as a residence for a certain number of necessitous elderly gentlemen, and in the annual payment of certain fixed sums to twelve students—four in divinity and four in physic at the University of Cambridge, and four in law at Lincoln's-inn. By the new arrangement carried out by Act of Parliament, with the sanction of the Charity Commissioners and consent of the Tancred trustees, the Whixley Manor House will no longer continue the place of residence of these elderly gentlemen, who lived there in indolence, self-indulgence, and often, I am afraid, in something worse. These individuals will henceforth receive an annual pension from the charity, and be enabled to spend the remainder of their days in the family of some relative or friend, with all the soothing and beneficial influences derived from such associations. The reduction of expenses obtained by the breaking up of the establishment at Whixley Manor House will enable the trustees to increase the number of studentships, and probably to establish a school at Whixley.

Several committees have been nominated during the past year to investigate and report upon special subjects referred to them by the College; but the committee appointed to confer with the Royal College of Surgeons and the English Universities, upon the best means of establishing a Conjoint Board for the examination of all candidates to practise the medical profession in England, have, by the frequency and length of their meetings, and by the difficulties of the subject entrusted to their consideration, earned the special gratitude of the Fellows. The meetings of this committee, with that of the College of Surgeons, have been numerous,

and the result of their laborious duties has been the preparation of a scheme which has received your sanction, and has been cordially accepted by the Universities of Oxford, Cambridge, London, and Durham. The Society of Apothecaries were invited to take part in these deliberations, but, in the course of the discussions in committee, intimated that they were prevented by the terms of the Act of 1815 from co-operating with the other medical authorities in England in carrying out the scheme agreed upon. This scheme for the establishment of a Conjoint Examining Board for England has now received the approval and sanction of the General Council of Medical Education. This sanction was legally required by the provisions of the Medical Act, 1858. The two colleges are now in communication as to the best method of bringing this scheme into active operation. It may readily be supposed, when so many independent and powerful public bodies were brought into conference upon a subject upon which they might severally entertain independent and even divergent ideas, that the difficulties would be great in bringing about a cordial agreement and approval of any one scheme. Such difficulties have, however, been met and surmounted; and I predict that, when this scheme is brought into operation, it will produce the most beneficial results, both to this College and to the profession and public. These results will eventually tend to replace this College in the position unhappily abandoned at the time of passing the Act of 1815, and they will raise the standard of qualifications of all English medical practitioners, and thus confer great benefits on the community. I have adverted to the difficulties which have surrounded us in bringing to a successful issue the deliberations of the Conjoint Committee. It would be unjust on my part if I did not announce to you that this fortunate result has been obtained greatly by the loyal attendance and careful attention given to the subject by our senior Censor especially and the other members of the committee, but mainly and chiefly by the singular ability in mastering the details of a wide and complicated subject, by the clearness and calmness of statement, by the unremitting devotion of time and talents, manifested throughout our deliberations by our Registrar. These eminent services rendered to the affairs of the College have hitherto been unknown to the body of Fellows, and therefore unrecognised and unrequited; but the time must come when the College will do justice to such services, so far beyond and above those required from the Registrar in his official capacity.

Our library has been enriched by donations of books from several Fellows, as well as by a large collection of most acceptable works presented by the managers of the Royal Institution. Other objects of historical interest or artistic value have been presented to the College, among which may be enumerated the miniature of Dr. Mead from Sir William Fergusson; a medallion in boxwood of Dr. Friend, from Dr. Diamond; a memorial of the celebrated Dr. Jenner, from Sir John Fisher; and the beautiful bust of our late eminent Fellow, Dr. Richard Bright, from his widow, and which now adorns our library.

In conclusion, I trust you will be convinced, from the contemplation of the present state of our internal organisation, our steady growth, the vigorous manner in which our several functions are performed, our willingness and capacity to undertake new and important duties, that there is just reason for believing that the health of the institution is sound, and although the career of the College has now extended through more than three centuries, and has been characterised by the high social qualities and learning of the Fellows, there is every reason to hope and expect that the ancient reputation of the College will be sustained and augmented through a long and honourable future.

THE OUTBREAK OF CHOLERA AT DELHI.

DR. FAIRWEATHER, Officiating Sanitary Commissioner of the Punjab, has furnished a report to the Lieut.-Governor on the late remarkable outbreak of cholera at Delhi, which is published in the *Gazette* of the Government of India. The *Gazette* has a very limited circulation in this country, and as the facts appear to be of much interest, we place before our readers a short abstract of the report, for which we are indebted to the courtesy of Dr. De Renzy.

Before the occurrence of this outbreak it had been known that cholera was present in Delhi, and from inquiries since made there can be no doubt that one case of undoubted cholera took place in the Kish Mahal, near the Suddur Bazaar, on the 13th November, and there were two other cases about the same time, and in the same locality, which were, in all probability, also cases of the disease. Close to the Kish Mahal and Suddur Bazaar is a quarter inhabited almost entirely by Righurs (tanners) and Chumars. The latter, though they work in the leather which the former make, have no communication with them socially.

On the 26th November a feast was given by a Righur named Jomah, on the occasion of the death of his brother Doolah, which had occurred a week previously. The whole of the Righurs of the Mohulla, to the number of about 400 or 500, were present, but no others. Fifteen families of Righurs, who live separate from the others at the opposite side of the Suddur Bazaar, were also present. The feast consisted of rice, moong dall, sugar, and ghee. The two former were cooked in large copper vessels, and the sugar and ghee were afterwards added to them. There was no meat of any description, neither was there any other liquor drunk but water, as it is not their custom either to eat flesh or drink spirits on occasion of the death of a relative. None of the women of the Righur caste were present, but what remained of the feast was carried away by the men to their homes, and in this way nearly every man, woman, and child partook of it. No ill consequences followed till after midday on the 28th, when one or more began to suffer from sickness and purging. From this time, so rapid was the course of the disease, that by noon next day (the 29th) there had been 45 seizures and 11 deaths. The total admissions up to December 7th were 70, with 44 deaths. Up to the 4th December the attacks were entirely limited to the Righurs, and to three of other castes who had partaken of the feast, but on that date two admissions occurred of persons who had no connexion whatever with the feast, although they came from the neighbouring bazaar.

At first inquiry was directed to the discovery of a contaminated water-supply. Certainly if polluted water could give rise to cholera, says Dr. Fairweather, the cause is here in perfection; for all the wells must be polluted in the foulest manner by the garbage and refuse of the tanner's trade, which everywhere saturate the ground, while one or more of the wells are within eighteen or twenty paces of the trenches in which the ordure from the city latrines is buried. The smell of the whole place is so sickening that a feeling of nausea remains with one for a long time after leaving the spot. No well exclusively used by the Righurs was, however, discovered. The food, therefore, alone remained to be examined. It was of good quality, and did not differ from what was sold to other classes in the bazaar. Moreover the boiling of the rice &c. may be supposed to have destroyed any cholera germs it might have contained. One of the large copper vessels in which the food was cooked was badly tinned, but no one can imagine genuine cholera to proceed from such a cause. It came out, however, that the food, instead of being eaten immediately after cooking, had been spread out in a large heap on a new mat, and allowed to remain there for hours before being eaten. This mat Dr. Fairweather found had been spread on the floor of the room in which Doolah (in whose honour the feast was given) had died.* It then became necessary to inquire more particularly into the circumstances attending Doolah's death, and it was found that, although reported to have died of fever, he in reality died of vomiting and purging in the course of a few hours, having been in perfect health up to the moment of his attack. At first it was sought to connect his illness with that of a photographer who was lying ill of cholera in the dâk bungalow, but it was found that he had only arrived from Lucknow on the evening of the 26th, and been seized with symptoms of the disease the same evening; therefore, as Doolah died on the 19th, there could be no connexion between them. Subsequent inquiries, however, discovered that cholera had been lurking in the bazaar before the middle of November.

* He had been repeatedly purged, and vomited on the floor, Dr. Fairweather informs Dr. De Renzy in a private letter.

THE BAKER BROWN FUND.

DR. FORBES WINSLOW presents his compliments to the Editor of THE LANCET, and would feel obliged by the publication of the subjoined statement:—

The following gentlemen have kindly come forward as contributors to a fund about being raised in behalf of Mr. Isaac Baker Brown, who is at this time suffering from severe bodily illness (paralysis) and great pecuniary distress. The honorary treasurers are Dr. Forbes Winslow and Dr. Charles Cogswell.

Sir Wm. Fergusson	£3	3 0	Dr. Semple	£1	1 0
Sir William Gull ...	2	2 0	Mr. Gascoyen... ...	2	2 0
Sir Ranald Martin...	2	2 0	Mr. Spencer Smith	2	2 0
Sir H. Thompson ...	5	0 0	Dr. Murchison ...	1	1 0
Dr. Quain	2	2 0	Mr. E. B. Hicks ...	0	10 6
Mr. Erasmus Wilson	2	2 0	Dr. Cogswell	5	0 0
Dr. Forbes Winslow	5	5 0	Mr. Critchett... ...	1	1 0
Mr. Henry Smith ...	2	2 0	Sir James Paget ...	2	2 0
Mr. Erichsen... ...	2	2 0	Dr. Tilbury Fox ...	1	1 0
Dr. Sieveking... ...	2	2 0	Mr. Saunders... ...	1	1 0
Dr. Gream	3	3 0	Mr. J. F. Clarke ...	2	2 0
A Friend...	2	2 0	Mr. Busk	1	1 0
Dr. Routh	3	3 0	Dr. Waller Lewis ...	1	1 0
Dr. Richardson ...	2	2 0	Anonymous	1	1 0
Mr. Ernest Hart ...	2	2 0	Mr. T. H. Wakley...	5	5 0
Dr. Radcliffe	2	2 0	Dr. Wakley	5	5 0
Mr. William Adams	2	2 0			

Correspondence.

"Audi alteram partem."

THE ROYAL ORTHOPÆDIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—Though extremely unwilling to appear in print, I so fully concur in the justice of your remarks on the Royal Orthopædic Hospital as they appeared in your number of the 16th instant, that I cannot refrain from asking you to publish the following observations. I and my family before me have been connected with the Royal Orthopædic Hospital from its earliest foundation, and we have always taken a deep and abiding interest in its welfare.

Into the personal differences which have arisen between the Committee of Management and their two senior surgeons, Messrs. Tamplin and Adams, as they have no reference to their professional ability, I do not at this moment wish to enter.

The broad view of the case is this—48,000 unhappy cripples have passed through the hospital since its foundation. They have been cured by our surgeons and not by the Committee, and it is to their eminent professional skill and ability the hospital now owes its position and the support which is accorded to it by the public.

The two senior surgeons having placed their professional honour in my hands, I am of opinion that it will be impossible for them to withdraw their resignations until the paragraphs reflecting on their conduct have been expunged from the annual report which was adopted at the Annual Court. In order to effect this object, I, in common with many other influential governors and earnest supporters of the institution, have summoned a Special Court, which will be held at the Royal Orthopædic Hospital on Monday, the 8th of April, at 3 P.M. To this Special Court I earnestly invite the attendance of all governors, and they will then be able to judge for themselves as to the merits of the case from the facts which will be laid before the meeting.

Since the holding of the Annual Court I have examined the hospital books, and I find that on the 8th of March eight annual subscribers of £1 1s. were introduced, and that on the 12th of March (the day before the meeting) no less than twenty-two annual subscribers of £1 1s. were introduced, all these members being entitled to vote. I have it under the secretary's own handwriting that the names of thirty of these members were given to him by one of the assistant-surgeons, who gave him his own cheque for £31 10s., and took thirty separate receipts for the same. I venture to think that the assistant-surgeon in question could hardly have failed to be aware that the adoption of the report would necessitate the resignation of his two superior officers.

At the same time there was a resolution on the notice paper of business to be transacted at the meeting, to the effect that after a certain number of years' service all assistant-surgeons should have the rank of full surgeons. The adoption of the report and the passing of this resolution at once converted the assistant-surgeon in question into senior surgeon of the hospital.

I make no comment on this proceeding of the assistant-surgeon, but I should be glad to hear through the columns of your valuable journal whether it meets with the approval of the medical profession.

The report of the Committee was carried by fifty votes against thirty-three. Deducting the thirty-two votes and those of the Committee and their more immediate friends, how many can remain to have passed the vote of censure on our surgeons?

I am, Sir, your obedient servant,

Cromwell-road, South Kensington, March 25th, 1872. ABINGER.

PAU FOR THE SPRING.

To the Editor of THE LANCET.

SIR,—My chief object in asking you the favour of inserting my views on the Climate of Pau, is to bring to the notice of the profession its special advantages as a residence in the spring time of the year, in all those cases requiring a mild and sedative climate.

In an able article, with some general remarks on the climate of Pau, by Sir A. Taylor, which you published last October, while noting its sedative character, he proved that it is not relaxing, as has been asserted by some. Although my residence here has been limited, I have been very active in obtaining all the information possible with the view of ascertaining the chief and special advantages of its climate, and find it to be eminently sedative, but *not relaxing*, having most marked beneficial results in hæmorrhagic phthisis, congestive states of the laryngeal and bronchial mucous membranes, in gastritic dyspepsia, and cerebral congestions occurring in nervo-sanguineous temperaments.

The characteristic quality of the climate is its comparative mildness and exemption from cold winds. Invalids who are in the habit of wintering at Nice, Cannes, or Mentone, leave these places about the middle of February for Pau, in order to avoid the dry, exciting, and irritating atmosphere to their mucous membranes. But at Pau, from its topographical position, the east and south-east winds are scarcely felt except in bringing dry and warm weather, enabling the delicate to take daily exercise in the open air, which, with its exhilarating and vivifying qualities of purity and freshness, and the attendant accessories of sunshine and beautiful scenery combined, improve the tone of their constitution; whereas in England during the spring time, when the east wind is so prevalent, we are compelled to confine our patients to the house, or they become the subjects of a troublesome cough or something worse.

As this is the age of preventive medicine, when our aim is to guard against the incursion of inflammatory or congestive conditions of the mucous membranes, I cannot too strongly invite the members of the profession to the sedative and calmative influence of the Pau climate in the early stages of phthisis.

Dr. Francis, in his work on "Change of Climate," says—"There are few places to be found on the continent possessing so calm and soothing a spring climate as Pau. This is, therefore, emphatically the locality which should be chosen as a temporary spring residence, whenever the distance opposes no serious objection, not only to those persons who are subject to nervous or inflammatory dyspepsia, but in every other case where the irritating air of spring, as it occurs in most countries, is found to disagree." He further states that, "although Pau is sheltered from high winds, still the situation is by no means confined, but rather the contrary. Seated on a terrace of deep sand and gravel, which drains away from the surface in a

remarkably short time all the rain that falls, it looks down upon several leagues of open country, which stretches away towards the foot of the Pyrenees, and furnishes an admirable foreground and middle distance to one of the most sublime and comprehensive views of a mountain range that can be found in Europe."

Notwithstanding there has been several degrees of frost during the last two or three weeks of the past year, the place has still been able to maintain its character for its comparative immunity from inflammatory affections of the chest. An interesting fact has been frequently noted—namely, the absence of coughing in the churches, which is so general in the cold winter months in England.

Before concluding this notice, I ought to state, for the sake of those who may accompany their delicate friends, that there is not only much to admire in the surrounding country, but also much to amuse. For the ladies the driving is easy and pleasant; the roads are good and diversified; the visiting is kept up with spirit, *soirées* and balls during the season being well arranged amongst the families in residence here. We have three English churches adapted to the different grades of religious views. And for the gentlemen the sports are varied, hunting being very popular; there is also the English club-house, a handsome edifice, with spacious rooms, containing an excellent library, reading- and smoking-rooms, as also billiard-tables.

I am, Sir, yours obediently,

Pau, March, 1872. E. MAY, M.D., M.R.C.P.

DOES THE COLLEGE OF PHYSICIANS ENJOY THE CONFIDENCE OF THE GOVERNMENT?

To the Editor of THE LANCET.

SIR,—At the annual meeting of the College of Physicians held on the 25th inst. for the election of president, Dr. Burrows (who was re-elected) read the annual address, detailing the results of the year's work, and, in well-turned phrase, congratulated the College on enjoying the confidence of the Government, which, he said, sought its counsel on all important occasions.

As Dr. Burrows's address was accepted without discussion by the College, I venture to ask you to allow me one line in THE LANCET to inquire from Dr. Burrows what influence or advice has the Council of the College used with the Government to stay their cowardly purpose of repealing, at the bidding of a party of fanatics and indelicate females, the Contagious Diseases Act; an Act regarding which they have surely consulted the corporation which enjoys their confidence.

Again, has the voice of the College been heard on the many professional bearings of the Public Health Act now before Parliament?

You will see, Sir, by my questions, that I do not share the spirit of senile self-satisfaction which, I fear, broods over the counsels of the rulers of the College of Physicians.

I am, SIR, your obedient servant,

London, March 20th, 1872. A FELLOW.

Obituary.

JOHN B. BLYTH, M.D., L.R.C.S. EDIN.

DR. BLYTH, Professor of Chemistry at the Queen's College, Cork, was born in Jamaica in the year 1814. He studied first at Glasgow, under the late Professor Graham, who was afterwards Master of the Mint; he then went to France, and attended the lectures at the Sorbonne, the Collége de France, and the Ecole de Médecine. From France Dr. Blyth went to Germany, and spent two years working in the laboratory of Baron Liebig of Giessen, and six months in the laboratory of Heinrich Rose of Berlin. Dr. Blyth returned to this country in 1845, and in 1847 accepted the Professorship of Chemistry in the newly erected Royal College of Cirencester, upon leaving which he was presented with a testimonial by the students. Dr. Blyth held the chair of Chemistry in the Queen's College since the opening of that institution, where his great reputation frequently caused him to be employed in criminal jurisprudence. The cause of his death was paralysis.

WILLIAM MACTURK, M.D.

IT is with regret that we record the death of Dr. Wm. Macturk, of Bradford. He was born at South Cave, Yorkshire, in 1795, and studied at Edinburgh and Glasgow. After practising for four years at Scarborough he settled in Bradford in 1824, and soon won the respect and confidence of the inhabitants. He took an active and prominent part in the establishment of the Bradford Infirmary and Dispensary, to which he was physician. He also took a warm interest in the local Fever Hospital, one of his last acts being to send a donation for its use. Some few years back he was presented by his patients with an epergne which cost 200 guineas. For some time he had suffered from a painful affection of the great toe, which, terminating in mortification, caused his death. His many excellent qualities will be long remembered in Bradford, where his death is felt to be a public loss.

DR. WILLIAM HARTHILL.

HAD the life of this young, able, and hard-working physician been spared, it is probable that he would have left the science and art of medicine under considerable obligations. As it was, his researches in galvanism and electricity were honourable to his professional enthusiasm and proficiency. He graduated at the University of Glasgow in 1862, when he obtained the degrees of Doctor of Medicine and Master in Surgery. He died at his residence in Rutland-square, Edinburgh, on the 24th inst., leaving many friends to lament his loss. He was the youngest son of the late Mr. William Harthill, the well-known publisher in Edinburgh.

JOHN LEIGH, M.R.C.S.

ON the 9th ultimo died John Leigh, of Holywell, North Wales, aged thirty-six. The deceased gentleman was a student of King's College, one of the Warneford scholars, and a Leathes prizeman. Mr. John Leigh was a man of proved worth; unostentatious almost to a fault, but most true of heart; a good Christian, and conscientious student, an able surgeon, a trustworthy friend, and, in the highest sense of the word, an English gentleman. The day of his funeral was in his native town a day of unaffected mourning and regret.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 21st:—

Bowkett, William David, East India-road.
Clouting, John Revett, Shipdham, Norfolk.
Evans, John, Canton, Cardiff.
Utting, James, Hockering, Norfolk.
Welch, Samuel, Hackney-road.

As Assistant in Compounding and Dispensing Medicines:—

Dear, James Edward, Huntingdon.

On the same day the following gentlemen passed their First Professional Examination:—

Greet, William Ambrose, University College.
Roberts, William, St. Bartholomew's.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — Professor Flower, F.R.S., concluded his course of eighteen lectures "On the Modifications of the Organs of Digestion in the Vertebrata" on Wednesday last. The lectures by Professors Holmes and Humphry will not be delivered before June next. The written part of the primary examination for the membership of the College commences this day (Saturday).

UNIVERSITY COLLEGE HOSPITAL.—The second ball in aid of the funds of this hospital is announced to take place on the 18th of April, at Willis's Rooms, St. James's, under distinguished patronage. Vouchers for tickets may be obtained from Dr. Davies Thomas, or H. J. Kelly, Esq., R.N., at the hospital.

THE daily supply of water to London is now 107,000,000 gallons.

A GRANT of £18 has been made by the Local Government Board to Mr. W. N. Spong, of Faversham, one of the public vaccinators.

THE "Cape Standard," in its news from the Diamond Fields, says that a small quantity of quinine is sold for a large diamond.

THE number of persons sentenced to death for murder in England in 1871 was thirteen, eleven men and two women. Four of the men only were executed.

THE foot-and-mouth disease has again appeared in Cambridgeshire and Huntingdonshire. In the former county 200 sheep are suffering from the disease, and in the latter 100 are affected.

AT a meeting of the Guardians of the Lunesdale Union, Lancashire, it was unanimously resolved "that the board should recommend that a voluntary subscription be raised for Mr. Altham, for his thirty-five years of service as medical officer of the district." A committee was appointed, and soon obtained the sum of £130.

THE GERMAN UNIVERSITY OF STRASBOURG.—The Faculty of Medicine is almost completely organised. Prof. Hering, of Prague, has lately been appointed; also the following:—Professors Oscar Schmidt, of Grätz (zoology), Waldeyer (anatomy), Hoppe-Seyler (physiological chemistry), Von Recklinghausen (morbid anatomy), Schmiedeberg (materia medica), Leyden (medicine), Lücke (surgery), Gusserow (midwifery and diseases of children), Von Krafft-Ebing (mental diseases) Laqueur (ophthalmology). Cohnheim, whose researches are well known in this country, goes to Breslau, to take the chair vacated by Professor Waldeyer.

THE POISONING OF A MEDICAL OFFICER AT MANCHESTER WORKHOUSE.—Local papers contain full accounts of the trial, at the South Lancashire Assizes, of Hannah Steele, the late nurse in the Manchester Workhouse Hospital, for the murder of Mr. Andrew Harris, the senior medical officer of that institution, on the 10th of January last. It will be remembered that this unfortunate gentleman was poisoned by atropine, consumed, it is believed, in some milk at breakfast, from the effects of which he died. Prof. Crace Calvert, Mr. S. Buckley, Mr. Westmoreland, Mr. W. A. Patchett, and other professional witnesses were examined on the trial. The prisoner was found not guilty and acquitted accordingly.

THE PUBLIC HEALTH BILL.—On Monday a deputation from Hemel Hempstead, accompanied by the Hon. Mr. Brand, M.P. and Mr. Abel Smith, M.P., had an interview with Mr. Stansfeld on the Public Health Bill. It was complained that by the operation of the Bill the sanitary conduct of the parish would be placed in the hands of the board of guardians instead of the local vestry, while the expense of forming a separate sewer authority would be great. Mr. Stansfeld, in reply, said that the Inspector of the Local Government Board would remedy any abuses which might arise. With regard to the penalties for the sewage pollution of water, that was a point for his further consideration.

DONATIONS ETC. TO MEDICAL CHARITIES.—Mr. J. Bailey, of Kettering, bequeathed £500 to the Northampton Infirmary, and £100 to the Kettering Dispensary. The General Hospital, Birmingham, has received for the Samaritan Fund, £375 8s. 7d., under the will of Mr. William Withering. Miss Ann Whitworth, of Notting-hill, bequeathed £100 each to St. Mary's Hospital, and the Seaside Convalescent Hospital, Seaford; and £50 each to the Brompton Hospital for Consumption, St. George's Hospital, and the National Hospital for Paralysis. Mr. H. Gardiner has given £100 to the Bristol General Hospital. Mr. T. Jones Gibbs has given £100 to St. Mark's Hospital. Mrs. Frances Fitch, of Bath, bequeathed £100 to the Royal United Hospital, Bath. The London Hospital has received £100 from Sir Thos. Tilson, and £100 from Mr. John Saber. A collection was recently made at the Chelmsford Congregational Chapel in aid of the Chelmsford Dispensary, when £41 15s. 9d. was obtained.

Medical Appointments.

ANDREW, J., M.D., F.R.C.P.Ed., has been appointed Medical Secretary to the Royal Public Dispensary, Edinburgh, vice John Millar, M.D., deceased.

BAKER, B., M.R.C.S.E., has been appointed Medical Officer for the Wendover District of the Wycombe Union, vice H. Willson, M.R.C.S.E., resigned.

BARHAM, H. F. H., M.R.C.S.E., has been appointed, *pro tem.*, a Surgeon for Out-patients of the West Kent General Hospital, Maidstone.

BLACKFORD, J. C., M.R.C.S.E., has been elected Medical Officer to the Penkridge Union Workhouse at Cannock, vice T. Crean, L.K.Q.C.P.I., L.R.C.S.I., resigned.

EDMONDS, S., M.R.C.S.E., has been appointed Medical Officer for the Lullington District of the Burton-on-Trent Union, vice T. H. Cresswell, M.R.C.S.E., resigned.

EVANS, E. T. E., M.R.C.S.E., has been appointed House-Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Salford, Manchester.

HALLOWES, A. H. B., M.R.C.S.E., has been appointed, *pro tem.*, a Surgeon for Out-patients of the West Kent General Hospital, Maidstone.

JOHNSTON, W. B., M.D., has been appointed Medical Officer to Rotherhithe Workhouse, Public Vaccinator for District No. 2 of St. Olave Union, and Surgeon to the 4th Administrative Batt. Surrey Rifle Volunteers, vice J. T. Forbes Firth, L.F.P. & S. Glas., deceased; also Medical Officer for District No. 4 of St. Olave Union, vice J. Dixon, M.D., resigned.

LEIGH, G. F., L.S.A.L., has been appointed Medical Officer to the Penistone District and the Workhouse of the Penistone Union, Yorkshire.

LLOYD, Mr. T., has been appointed Dispenser to the West Ham, Stratford, and South Essex Dispensary.

MAC LACHLAN, Dr. (of Ayr), has been appointed Medical Officer to the Dalmellington Iron Company's Works, vice Allan, deceased.

MOINET, F. W., M.D., M.R.C.P.Ed., has been appointed Physician to the Royal Public Dispensary, Edinburgh, vice J. Millar, M.D., F.R.C.P.Ed., deceased.

MORTON, J., M.B., M.R.C.S.E., has been appointed Honorary Medical Officer to the Royal Surrey County Hospital, vice Dr. J. R. Stedman, resigned.

RICKARDS, A., L.R.C.P.L., M.R.C.S.E., has been elected Medical Officer to the new Workhouse at Armley, Bramley Union, Yorkshire.

SARJANT, J., M.D., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Certifying Factory Surgeon, vice B. J. M. Grant, M.R.C.S.E., deceased.

SHEARMAN, W. M., M.R.C.S.E., has been appointed a District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Salford, Manchester, vice Evans, promoted to House-Surgeon.

SMITH, H. C., M.R.C.S.E., has been appointed, *pro tem.*, a Surgeon for Out-patients of the West Kent General Hospital, Maidstone.

SMYTH, J., M.D., has been elected Medical Officer and Public Vaccinator for the Clane and Timahoe North Dispensary District of the Naas Union, Co. Kildare, vice D. F. Buckley, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

TAGGART, W. J., M.D., L.R.C.S.Ed., L.M., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Antrim Dispensary District of the Antrim Union, vice Hugh Smiley Kane, M.D., L.R.C.S.Ed., resigned.

VAUGHAN, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Labasheeda Dispensary District of the Killadysert Union, Co. Clare, vice M. Breese, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

FOX.—On the 21st inst., at Harley-street, Cavendish-square, the wife of Tilbury Fox, M.D., of a son.

GRAVES.—On the 21st inst., at Chichester-road, Westbourne-square, the wife of F. G. Graves, M.D., of a son.

NEWTON.—On the 20th inst., at Alconbury-hill, Huntingdon, the wife of L. Newton, M.R.C.S.E., of a daughter.

ORTON.—On the 12th inst., at Crouch-end, Hornsey, the wife of F. Orton, M.D., of a daughter.

ROBINSON.—On the 19th inst., at Lupus-street, St. George's-square, the wife of F. Robinson, M.D., Scots Fusilier Guards, of a daughter.

WOODGATES.—On the 18th inst., at Southernhay, Exeter, the wife of S. H. Woodgates, M.D., of a son.

MARRIAGES.

AMBROSE—MAC MURDO.—On the 5th of Dec. last, at St. James's, Delhi, J. D. Ambrose, M.D., Assistant-Surgeon 59th Regiment, to Kathrine Emily, daughter of Major-General W. M. S. Mac Murdo, C.B.

LYALL—MURDOCH.—On the 21st inst., at Kirkland House, Leven, Fifeshire, Andrew Lyall, L.R.C.P.Ed., L.R.C.S.Ed., of Leven, to Jane Catherine, only daughter of the late Rev. Wm. Murdoch, of Plean, Stirlingshire.

SMITH—WEEKS.—On the 19th inst., at St. Peter's, Maidstone, Frederic Walter Smith, L.R.C.P.L., of Blackman-street, Southwark, to Ruth, daughter of the late Wm. Weeks, Esq.

DEATHS.

PATERSON.—On the 22nd inst., at Buxton, suddenly, Robt. Haldane Paterson, Surgeon, of Brigg, Lincolnshire, in his 68th year. Friends will please accept this intimation.

COLEMAN.—On the 18th inst., Thos. Coleman, F.R.C.S.E., of Eastbrook-place, Dover, aged 81.

FURSE.—On the 11th inst., Robert Furse, M.R.C.S.E., of South Molton, aged 74.

MULLOY.—On the 23rd inst. (of small-pox, contracted whilst in discharge of his duties), Mr. E. J. Mulloy, Resident Pupil, Cork-street Hospital, Dublin, aged 23.

PRICHARD.—On the 23rd inst., W. Prichard, M.D., of Partick, near Glasgow, aged 51.

SMITH.—On the 24th inst., H. Smith, M.D., of Lancaster-road, Westbourne-park, aged 32.

Medical Diary of the Week.

Monday, April 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.

Tuesday, April 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Malformation of the Heart; Aneurism of the Sinuses of Valsalva; Clubbed Fingers; Stricture of the Œsophagus; Abscess of the Liver, with Ulceration of the Colon; Tumour weighing 4 lb. removed from Parotid Region; Abscesses in the Heart-wall of a Child four years of age; A new form of Intestinal Obstruction; Two Cases of Colloid Cancer of the Breast; Effusion into the Corpus Striatum and Gangrene of the Lower Extremities from Obstruction of the Aorta by a Clot; Carcinoma of the Descending Colon causing Fatal Obstruction; &c. &c.

Wednesday, April 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Newman, "On a Case of Delivery per Vias Naturales, in which the Cæsarean Section had formerly been performed." — Dr. Barnes, "On Dysmenorrhœa, illustrated by Retention of Menstrual Fluid."—And other papers.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M.

Thursday, April 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Victor de Méric, "On Discharges from the Male Urethra."

Friday, April 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, April 6.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

CONSTRUCTION OF PUBLIC SEWERS.

As a rule we would not recommend medical officers of health to interfere with the structural arrangements of the public sewers; for these the surveyor or engineer ought to be held responsible. A rapid fall is not by any means the most essential matter, as many well constructed sewers have no greater fall than three feet in a mile, and are, nevertheless, perfectly self-cleansing. The more rapid the gradient of a public sewer, the greater is the danger of the escape of sewer gas into houses, and the liability is greatest at the upper end. The points to which medical attention should be directed will be stated in the next article on the duties of medical officers of health.

Dr. Hodges shall be supplied with a copy of the Report on the London Dispensaries, and we would strongly recommend that the Free Dispensaries of Liverpool should be converted into Provident Dispensaries.

MORISONIAN LECTURES ON INSANITY.

DR. MITCHELL, pursuing his comments on idiocy, pointed out that when injuries by fire had induced permanent brain disorder, the patient was often mischievous and dangerous, his state being a compound of fatuity and chronic mania. Idiocy consequent on small-pox often exhibited the same symptoms. Remarking on the risks to which overworked and underfed women during lactation were exposed, he looked upon it as a providential law that the bearing and rearing of children occupied so much of a married woman's time that she could do no other than home work, except to her own injury and that of her offspring. Purely intellectual exercise in excess is more detrimental to children than purely emotional exercise in excess; but the reverse holds true in the case of adults. In children as well as in grown-up persons disorder of the moral faculty precedes intellectual disorder (as a rule), and over-teaching of pupils is first seen in a change of character. Prolific causes of idiocy are scarlatina, whooping-cough, and measles—diseases to which 30 per cent. of all the idiots and imbeciles in this country are due. Emigration did much to concentrate idiocy by its steady withdrawal from a community of the sound in mind and body—growing cities being to rural districts, in this respect, very much what the colonies are to the mother land. Emigration can distribute, as well as concentrate, idiocy—a fact which Dr. Mitchell proved by reference to the statistics of America.

A. B.—Although the examination embraces medicine, the qualification mentioned is a purely surgical one.

MEDICINE AS A PROFESSION.

To the Editor of THE LANCET.

SIR,—The reasons for a falling-off in the number of new entries into the profession, mentioned in your journal of March 16th, cannot surely be far to seek. Time was when a youth commencing life had to choose between wealth and honour, as represented respectively by trade and profession. Now, as you say, more respect is paid to trade, and, I may add, less to professions, while wealth still follows the former, and greater comparative poverty the latter; for while the value of money has been deteriorating, medical charges at least have not been raised, and in many localities lowered. A medical man is treated socially with very little more consideration than a business man, and officially with far less. Public bodies habitually ill-treat them, from the meanest Board of Guardians up to Government itself, the latest instances of whose contempt for the claims of medicine you have pointed out in their neglect of Dr. Lowe, and the coolness with which Mr. Stansfeld's Public Health Bill recognises the right of every one but the doctors to extra payment for the extra work which the Bill proposes to thrust upon them. I doubt whether any public body would dream of so treating any other class of men. Not that this is to be wondered at when the profession values its own labours so poorly that leading local practitioners may be found attending clubs at half-a-crown a head! Add to all this the personal discomfort and self-denial of a doctor's life, not the least of which is the notorious jealousy which consumes us and makes us contemptible in the eyes of outsiders, and it is hardly a marvel that a young man should choose any way of earning a living but medicine. When medical men of standing can deliberately plan to injure a professional brother, and do not think it inconsistent with their private or professional honour to stoop to slander to fulfil their design—when the columns of the medical journals week after week are loaded with complaints from medical men of the misconduct of their brethren, which the smallest good feeling would have enabled the accused to avoid, or, having inadvertently fallen into, would have prompted them at once to atone for, and the accuser to forgive,—it becomes a matter for grave consideration whether the profession of medicine has anything to offer, in return for its manifold drawbacks, that should make it worth pursuit as a career for gentlemen.

I remain, Sir, yours, &c.,
March 20th, 1872. TENAX HONORIS.

L.S.A.—A double qualification is required for a Poor-law appointment. The Poor-law Board has occasionally sanctioned the appointment of gentlemen having only one qualification when there is no doubly qualified practitioner residing in or near the district. A single qualification (English) would have precedence over an American diploma.

PITTING IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—In the January number of the *Dublin Journal of Medical Science* I noticed some remarks by Dr. Stokes, of that city, on the Prevention of Pitting in Small-pox by Poulticing.

Recently the case of a gentleman convalescing from variola was given into my charge by the late Dr. MacWilliam when he was sickening of typhus. During my attendance upon this gentleman, and while he was returning to health, he had several ulcerations about his head and face, which led us to talk of pitting. After I had remarked to him of my finding carbolic acid and oil to be highly beneficial when used daily, he informed me of his having had a porous plaster on his chest at the time of taking ill, also that mustard poultices had been several times applied to his loins and abdomen (to the former linseed-meal poultices had been subsequently applied), and on neither of these places had he any eruption, save one or two spots on his abdomen, although everywhere else over his body the eruption was most copious. His attack must have been a particularly violent one, as was evident to myself from the innumerable small ulcerations, his entire body, with the exceptions stated, being literally covered with cicatrices.

If on further trial the simple act of applying some impervious (or only partially impervious, being porous) covering be found sufficient to remedy not only pitting, but, if desired, the eruption on the face, it would be much easier to provide a mask of such material, and more comfortable to the feelings of our patients than poulticing. The ultimate utility of such practice I leave for further investigation with the profession.

I am, Sir, yours, &c.,
JOHN MARTIN,
Belfast, March, 1872. Physician to the Belfast Dispensary.

THE INVISIBLE RESPIRATOR.

A LIVERPOOL correspondent, who states that he has suffered from chronic bronchitis for the last twelve years, and that the accession of cold weather always keeps him a prisoner in his house, writes to us regarding the results of a trial he has made of the above invention, which he procured on the strength of the favourable notice of it that appeared in THE LANCET. Our correspondent considers it but fair that the benefit which has arisen in his case from the use of one of these respirators should be known for the guidance of those similarly affected. The appliance certainly possesses two great advantages: being invisible, it does not render the wearer of it hideous in appearance, and it makes people use their noses, as they should do, in respiration.

H. J. M. (Plymouth) will probably find all he requires in Prof. Roscoe's Lessons in Elementary Chemistry, published by Macmillan and Co.

THE PUBLIC MEDICAL SERVICES.

To the Editor of THE LANCET.

SIR,—As the gentlemen who are entering the medical services of the navy, army, and India are men who would, in all probability, take a good position in private practice after a few years, had they chosen that for their career, I think that they should have some better prospect to look forward to when they arrive at middle age than now; and considering the greater risk of life and health from fevers, cholera, dysentery, gunshot wounds, prolonged absence from their native country, intense discomfort from excessive heat, mosquitoes, &c., they should be placed more nearly on a par as to income with their brethren on shore, the income of a deputy inspector-general even bearing a very poor comparison with a tolerably successful general practitioner.

There is great dissatisfaction in the junior grade of the medical department of the army owing to the slowness of promotion, there being assistant-surgeons of nearly fifteen years' service in that rank, many of them grey-headed. It appears to me that, without putting the country to any great expense, the three services could be very considerably improved, and satisfaction given to all of us. My proposal is as follows:—To have five grades of rank, with a yearly increase of pay up to a certain maximum, abolishing the title of assistant-surgeon, each step of rank to commence with an addition to highest pay of the inferior one.

1. Surgeons, from entry to ten years' full-pay service, ranking with captains in the army and lieutenants R.N. below eight years' seniority.

2. Surgeons-major, after ten years' full-pay service, ranking with majors and lieutenants R.N. above eight years' seniority.

3. Deputy surgeons-general, after twenty years' full-pay service, ranking with lieut.-colonels and commanders R.N.

4. Surgeons-general, by selection from deputy surgeons-general, ranking with colonels and captains R.N. above three years' seniority.

5. Chief surgeons-general, by selection from surgeons-general, ranking with majors-general and rear admirals R.N.

Director-general, by selection from chief surgeons-general, ranking with lieutenants-general and vice admiral R.N.

Surgeons to commence with 10s. a day, increasing 6d. a day each year of full pay.

Surgeons-major to commence with 15s. per day, increasing 1s. a day each year of full pay.

Deputy surgeons-general to commence with 25s. per day, increasing 1s. 6d. a day each year of full pay up to a maximum of 33s. per day.

Surgeons-general to commence with 35s. 6d. per day, increasing 2s. 6d. a day each year of full pay up to a maximum of 45s. 6d. per day.

Chief surgeons-general to commence with 50s. 6d. per day, increasing 5s. a day each year of full pay up to a maximum of 70s. 6d. per day.

(Exclusive of the present Indian, colonial, forage, and other allowances, as now given to medical officers.)

The Director-general of the medical department, £3000 per annum.

Optional retirement after twenty-five years' full-pay service. Compulsory retirement for deputy surgeons-general at fifty years of age, and at sixty years of age for surgeons-general and chief surgeons-general, or after five years' service in latter rank.

Retired and half pay on seven-tenths of the full pay earned. When retired after twenty-five years' service to have a step of honorary rank, as in all other departments.

I do not consider that the above pay is at all too liberal, considering that in the Royal Navy it is quite *possible* to attain to the rank of captain at twenty-five years of age, and a captain's full pay ranges according to seniority from £410 to £902 per annum, with an addition of command money of from £127 to £328 per annum. A rear admiral, when commander-in-chief on a foreign station, receives as daily pay £1095 per annum, with the addition of £1642 for table allowance; no rear admiral, when on full pay, receiving less than £1642 10s., with allowances for servant, lights, fuel, &c.

I trust, Sir, you will find space in THE LANCET for the insertion of the above scheme, as it is believed that the Secretary of War has under consideration the present state of the army medical department, and it is quite possible that he might get a few hints from it, which would give great satisfaction to a

NAVAL STAFF SURGEON.

March, 1872.

Mr. W. L. Winterbotham, (Bridgwater.)—We would suggest that our correspondent should apply to one of the medical officers of Her Majesty's Privy Council. Captain Galton's little book, published by Macmillan and Co., and a paper by Dr. Massy, C.B., in the last volume of the Army Medical Department, contain, we believe, some information on the subject.

SYRUP OF THE LACTO-PHOSPHATE OF LIME.

To the Editor of THE LANCET.

SIR,—Can any of your readers tell me the mode of preparing the above medicine, which was referred to in your last issue? Or should they be unable to comply with this request, can you inform me what is the dose for an adult? My excuse for thus troubling you is the exorbitant price of the syrup prepared in this city.

Your obedient servant,

Dublin, March 25th, 1872. ENQUIRER.

VACCINE LYMPH.

OUR contemporary, the *Philadelphia Medical Times* of the 1st inst., contains an interesting paper by Dr. Benjamin Lee, in which the author, from an analysis of sixty cases, enters into a practical comparison of the merits of virgin vaccine lymph and lymph of the early removes, as compared with ordinary humanised virus. Dr. Lee holds that the facts he narrates warrant him in concluding that vaccine lymph direct from the heifer is not easily absorbed into the human system, and that, therefore, its general use in the face of an epidemic or the presence of direct contagion is not advisable; that it produces, however, when absorbed, the vaccine disease, in both its local and constitutional manifestations, in its most normal and perfect type, without unusual severity or complication; that the virus produced by the inoculation of a single human being with virgin lymph for the first time appears to be the most active virus that can be procured; that it is very readily absorbed into the human system, and more likely to induce true vaccinia in persons already vaccinated than ordinary humanised virus of long descent; that what is true of lymph of the first remove is also measurably true, although the exact extent of this is not determined, of that of several subsequent removes; and that, consequently, it is a matter of primary importance that every large centre of population should be provided with the means of frequently revivifying its supply of virus by a return to the original source.

A Qualified Surgeon.—1. He infringes the law by so doing.—2. There is no legal bar to anyone calling himself a homœopath.

MASTER AND SERVANTS (WAGES) BILL.

To the Editor of THE LANCET.

SIR,—Your remarks on the Master and Servants (Wages) Bill demands some notice from one interested in a mining neighbourhood and a mining practice. The system generally adopted is most unsatisfactory to the men and unjust to the local surgeons. As a rule, when a miner is started to work, each person employed has one shilling per month kept from his wages for the club and surgeon, the medical man appointed being some relative or friend of the manager or proprietor, perhaps living eight or ten miles from the mine, and whose appointment is quite a sinecure. The surgeon living in the immediate neighbourhood has all the work for, it may be, one-fourth of the pay. The man is compelled to subscribe to one whose services are not available, in whom he has no confidence, and in whose appointment he has no voice. In Cornwall this absenteeism and compulsory employment has developed into a truck system of the worst kind; the hard-working surgeon is not paid his fair share, and the poor miner is compelled a second time to pay his money to the man of his choice. Let the men have a voice in the selection of their surgeon, and make it penal on manager or proprietor who interferes in the choice.

I do not write as a disappointed suppliant, having had a large share of private patronage; but I see plainly that such arbitrary power as is now practised in Cornwall in this matter is leading to combination, then strikes, with the attendant evils.

Yours, &c.,

March 23rd, 1872. A MINE SURGEON.

Sixty-one may be sufficiently incapacitated for the Poor-law service to claim a superannuation allowance without being totally debarred from private practice. A Poor-law inspector would have to certify that, in his opinion, "Sixty-one" has become incapable of performing his duties with efficiency.

A QUERY.

To the Editor of THE LANCET.

SIR,—Would you or any of your correspondents assist me in the following case:—A young lady has accidentally had a wound inflicted on the face by a pen charged with ink. The pen penetrated rather deeply, and a mark is left which seems inclined to remain. Any suggestions for its removal will be thankfully received by,

Yours truly,

Deptford, March 26th, 1872. TATTOO.

Medical Student.—It occasionally happens that small-pox occurs twice in the same individual; and, what is more, the individual may even die o the second attack.

A. B.—Erichsen's Surgery, last edition.

Mr. H. Trumpon.—A M.R.C.S. is eligible for the post of Surgeon to a Friendly Society.

DR. JORDE presents his compliments to the Editor of THE LANCET, and requests that the attention of vaccinators be called to the enclosed circular. It is hoped that the form of the vaccination marks will lead to the discovery of the name of the child.

Rolvenden, March 25th, 1872.

"Police Office, Tunbridge Wells, March 16th, 1872.

Child Desertion.

"Whereas some person who is unknown did, about seven o'clock in the evening of Thursday, the 7th of March, 1872, leave a female child, about two or three months old, on a door-step of a house in Cambridge-street, Prospect-hill, Tunbridge Wells, whereby it became chargeable to the Tonbridge Union.

"The child appears to be a little wasted, pale complexion, dark eyes, and rather long dark-brown hair, and was wearing an old calico gown, embroidered front with frills at the neck and arms, two pieces of flannel, and wrapped in a piece of old green serge.

"The child appears to have been vaccinated on the 1st of March (with five marks, arranged in the form of a cross, on left arm), as on the 8th inst., the day after it was found, other children were vaccinated from it. Surgeons are kindly requested to communicate with Superintendent Embery respecting children vaccinated about that time, and not since brought for inspection. Registrars are also requested to search their vaccination returns.

"Two pounds reward will be given by the guardians of the Tonbridge Union to any person giving such information to Superintendent Embery, Tunbridge Wells, as shall lead to the detection of the guilty party."

OPHTHALMIA IN PAUPER SCHOOLS.

THE condition of the children in pauper schools is at the present time frightful. At Mitcham, Islington, Anerly, and other schools of the same class, there are from 10 to 15 per cent. of the children suffering from ophthalmia. In one or two cases the adult attendants have taken the disease, and healthy children are almost sure to be infected soon after admission to the schools. It is remarkable that the managers of these schools refuse to recognise the real cause of the disease, and that the Government school inspector persists in maintaining that the children enjoy excellent health. We hear it suggested that the rooms are too light. But who ever heard of ophthalmia amongst children exposed to the full force of the sun in the open air? and it is certain that healthy children are not like mushrooms which thrive in the dark. Why is it that the disease is also continually referred to the constitutional defects of the children and their parents, whilst those very same children running about naked and shoeless in the streets escape. The fact is that it is quite impossible to congregate this class of children in large buildings without giving rise to a disease which is the most delicate test of overcrowding and impure air.

Inquirens.—Our correspondent cannot claim more than a guinea a day, 2s. for each night detained, and 3d. per mile each way.

THE KNIGHTSBRIDGE BARRACKS.

To the Editor of THE LANCET.

SIR,—The Knightsbridge Barracks, although condemned as they have been by the public, the press, and successive administrations for many years, still exist. As the eye-sores of the town are being gradually removed, and improvements are effected, it may therefore be taken for granted that this pre-eminently offensive building will in the course of time be removed. As a contribution towards its demolition, I crave space in the columns of THE LANCET for the purpose of calling attention to the abominable odours which continue to be emitted through and over portions of the wall in front of the building facing the Kensington-road. It is impossible to pass along the pavement outside this wall without encountering these emanations, which evidently come from the closets abutting against it. Not only are pedestrians assailed by the unpleasant odours in question, but I have heard an invalid lady, who passed in a carriage along the road south of the barracks, complain of the nauseating effect these odours had upon her. In common with others who reside in the neighbourhood, I hope a portion of the £3,000,000 recently voted by Parliament for the erection of barracks will be devoted to the erection of barracks for the "Life Guards" in some other locality, where sufficient space can be obtained for making the necessary sanitary arrangements which are so essential to the health of those who occupy them. I am, Sir, yours faithfully,

March 21st, 1872. J. R. B.

Rev. B. M., (Aberystwith.)—We regret that we cannot comply with our correspondent's request, as it is quite contrary to our custom to do so. We would suggest that he should get some medical friend to make the selection for him.

LIQ. CALC. SULPH.

To the Editor of THE LANCET.

SIR,—I have had several applications to know what liq. calc. sulph. is. Will you be good enough to allow me space to say that it is an intermediate product in the preparation of the old sulphur precipitation, and is easily made by boiling together sulphur, say one part; slaked caustic lime, three parts; water, ten parts. Any manufacturing druggist will supply it upon being informed to what reference is made. Failing to readily get hold of liq. calc. sulph., I shall be glad to know the result of the application of sulphurous acid P.L. I urge simply a cutaneous treatment for the cutaneous symptoms of variola. Your obedient servant,

Hull, March 26th, 1872. HENRY CARLILL, M.D.

M. P. M.—The trials that have been made with the article alluded to by our correspondent have resulted in showing that it exercises no influence whatever on the progress of the disease.

A Suburban Doctor has no right to put "surgeon" on his door-plate. The penalty is £20.

ANÆSTHESIA IN VETERINARY PRACTICE.

To the Editor of THE LANCET.

SIR,—I have the pleasure to inform you that I have for some years used morphia in conjunction with chloroform in cases of enteritis in the horse. My mode of proceeding has been to administer subcutaneously a full dose of morphia; and if the severe and violent pain was not relieved in a few hours, to cast the horse, and administer chloroform by inhalation, when I have produced by one ounce of chloroform a profound and unbroken sleep for seven or eight hours, my patient waking convalescent.

I may add that I am at present experimenting with the vegetable alkaloids in conjunction with chloroform, and should I have anything worth recording will again communicate with you.

Yours obediently,

FREDK. J. MAVOR, M.R.C.V.S.

Park-street, Grosvenor-square, March, 1872.

SMALL-POX AT CHESTERFIELD.

To the Editor of THE LANCET.

SIR,—This disease continues to spread in the town, and one of the servants at the Chesterfield Hospital has been attacked, as you will see from the enclosed. About three weeks ago I recommended the Sanitary Committee of the Town Council to erect an iron hospital; but this they have declined to do, I fear from motives of unwise and injudicious parsimony. The fact is, unless compelled by an Act of Parliament or an order from the Home Secretary, the municipal authorities will not bestir themselves to adopt the most obvious sanitary requirements. It is evident, therefore, that the compulsory clauses in the Public Health Bill are urgently demanded.

I am, Sir, yours faithfully,

Chesterfield, March 23rd, 1872. JOHN ROSE, M.D.

AN ASSOCIATION FOR MEDICAL MEN DURING SICKNESS.

A CORRESPONDENT writes to ask whether there is a Sick Benefit Society suitable for professional men for granting an allowance during illness of from £2 to £10 per week. He considers that such an Association is urgently needed for those who have to depend entirely on their own exertions for support.

THE SHROPSHIRE EYE AND EAR HOSPITAL.

To the Editor of THE LANCET.

SIR,—"A Country Practitioner," in his letter published in your journal of the 16th inst., is disposed to cavil at your remarks on the Surgeon's Report of the above hospital. I can add my testimony to the ability and skill of Dr. Andrew in the treatment of the diseases of the eye. I must admit that your remarks were called for, and were made in a just and friendly spirit of fair criticism, and must do good in this and other cases of probably unintended self-laudation. In writing reports and giving cases, your observations will, perhaps, make the writer ask himself the question, "What will my professional brothers think of it?" If the Editor's note in THE LANCET of March 9th be at the suggestion of the Ethical Secretary of the Branch—that his co-Secretary is only *financial* Secretary, thereby as it were implying that, although holding the sinews of war, he may, according to this logic, be absolved from the obligations of the Society, and may be within or without the circle as may be most convenient,—Dr. Andrew is too honourable to avail himself of such a quibble, and may exclaim, "Save me from my friends." I remain, Sir, yours, &c.,

March, 1872. ANOTHER COUNTRY PRACTITIONER.

M.D. may consult Dr. Fagge's paper in the Pathological Transactions, vol. xx., with advantage.

WE are compelled to defer noticing several communications owing to Good Friday occurring in the present week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Murchison; Dr. Forbes Winslow; Mr. Cooper Forster; Dr. Playfair; Dr. Gairdner, Glasgow; Dr. Lyall; Mr. Caton; Dr. Ratton, Madras; Dr. Pettigrew, Edinburgh; Mr. Iliffe, Derby; Mr. Paine; Dr. Williamson, South Shields; Dr. Gilbert; Mr. Capps; Dr. Martin, Belfast; Mr. Watson; Mr. L. Beech; Mr. W. Peel; Dr. Morton, Guildford; Dr. Meakew, Lyndhurst; Dr. Ross, Cwm Ammon; Dr. Fielding, Blandford; Mr. Fox; Dr. West, Letterkenny; Dr. Moffat, Falkirk; Mr. Howard, Petersfield; Mr. Creston; Dr. Waters, Coventry; Dr. Rose, Chesterfield; Mr. Holman; Dr. Blanc, Kattianeer; Mr. Swinton; Dr. Donkin, Sunderland; Mr. Mullins; Mr. l'Anson, Newcastle; Messrs. Rankin and Co.; Mr. Barnwell; Mr. J. Brebner, Orton; Mr. Craven; Dr. Garrett, Hastings; Mr. Mavor; Mr. Edwards, Torquay; Dr. Orton; Dr. Lambie, Lowick; Mr. H. Curtis, Ramsgate; Mr. Clarke; Mr. Croson; Dr. Martin, Walkden; Mr. Tummon; Mr. Corke, Belfast; Dr. Burke; Mr. Spong, Faversham; Mr. Bullen; Mr. Forbes; Mr. Ansell, Penny Stratford; Mr. Smith, Glasgow; Mr. Meymott, Ludlow; Dr. Diver, Southsea; Dr. Winterbotham, Bridgwater; Mr. R. Holding; Mr. Bufield; Mr. Morgan, Rhyl; Mr. Farquhar; Mr. E. Jones, Caterham; Dr. Carr, Sherburn; Mr. T. Lowe, Axminster; Rev. B. Morgan, Aberystwith; Mr. W. W. Jones; Mr. Bradshaw; Mr. Weller; Mr. Thompson, Beaconsfield; Mr. Eversfield; Mr. Reeves; Dr. Joyce, Rolvenden; Mr. Mortlock; Mr. Wardlaw; Dr. Boyd, Newcastle-on-Tyne; Mr. G. Greame; Dr. Bost, Stanningley; Mr. T. Williams; Mr. Wallis, Sevenoaks; Mr. J. Manvers; Mr. O'Connor, March; Dr. H. Carnley, Hull; Mr. Howard; Dr. Harvey, Aberdeen; Mr. Bott; Mr. Edis; Mr. Hind; Mr. Wigmore; Mr. Paxton; Mr. Tomlinson; Dr. R. Steele; Mr. Wise, Plumstead; Dr. Kempster; Dr. Parker, Deptford; Mr. Lowndes; A Mine Surgeon; D. M. R.; Cyclops; A Chaplain and Naval Instructor; M.D. Columbia College; Pilcatus; The Secretary of the Pathological Society; Naval Staff Surgeon; L.S.A.; A Qualified Surgeon; Enquirer, Dublin; A Married Man; A. B.; M.D.; Sixty-one; A Fellow; Inquirens; A Suburban Doctor; H. F. M.; J. B. B.; Another Country Practitioner; R. W. J.; &c. &c.

Bethnal Green Times, Southampton Journal, Metropolitan, County Express, Melbourne Argus, Scarborough Express, Edinburgh Courant, Yorkshire Gazette, West Country Lantern, Lancaster Observer, Isle of Man Times, Essex Herald, Parochial Critic, Mansfield Advertiser, Medical Temperance Journal, Archives de Physiologie, Preston Herald, and *Money Guide* have been received.

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